

**HDR Candidate Application for Funding Support**

***This completed form is to be completed and approval received PRIOR to any expenditure***

**Instructions to Applicants**

The purpose of this scheme is to assist higher degree by research students (PhD, EdD, MEd by Research) in the Faculty of Education to fulfil the requirements of their degree within minimum time.

**Please note this scheme is only available to students who will complete degree requirements within minimum periods of candidature.**

Funds are available to support research-related activities, to meet associated costs, present scholarly papers at conferences and attend research training programs. Funds are not available for the purchase of computer hardware.

**An electronic version of the completed application form must be signed by your supervisor and submitted to a Faculty Graduate Research Officer for approval. Please attach quotes/cost estimates.**

**Applicant Details**

|  |  |
| --- | --- |
| Name |  |
| Student ID |  |
| Telephone Number/s |  |
| Postal Address |  |
| E-Mail Address |  |
| Name of Supervisor |  |
| Supervisor’s Telephone Number |  |
| Supervisors E-Mail Address |  |

In which research degree programme are you enrolled?

*(please tick whichever applies)*

 [ ]  PhD [ ]  EdD [ ]  MEd (Research)

Are you a full time of part time candidate?

 [ ]  Full-time [ ]  Part-time

In what month and year did you commence studies? ...........................................................................

What is the maximum date for completion of this degree?.....................................................................

*(month and yea*r)

What was the date of your last Annual Review? ....................................................................

*(month and year)*

What was the outcome of your last Annual Review?

*(please tick whichever applies)*

 [ ]  A [ ]  B [ ]  C [ ]  D

Have you had your candidature confirmed? Yes No

Have you obtained ethical approval for your project? Yes No N/A

What is the current balance of funds? ……………………………………………………..

Total amount of funding requested? ……………………………………………………..

Remaining Balance? …………………………………………………….

\*Please contact the Faculty Finance Officer on extension 1721 or via email at Education Finance@utas.edu.au to obtain account balance information.

**If expenditure relates to conference attendance:**

*(please circle whichever applies)*

Will attendance at this conference result in an F1 publication? **YES NO**

Is proof of acceptance attached? **YES NO**

|  |
| --- |
| ***Office Use Only******CURRENT BALANCE \_\_\_\_\_\_\_\_\_\_\_\_\_ REQUEST \_\_\_\_\_\_\_\_\_\_\_\_ LEAVES\_\_\_\_\_\_\_\_\_\_\_\_\_******GRC Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

1. Funds Requested

Please tick the appropriate expense, provide full details of each expense and the total cost of each item of expenditure.

|  |  |  |
| --- | --- | --- |
| **Nature of Expense** | **Details of Expenditure** | **Cost** |
| [ ]  Travel Costs*Provide reason for travel, number of journeys and kms.* |  |  |
| [ ]  Conference Registration*Details of the conference and confirmation of acceptance of an abstract or paper for presentation must accompany the application.* |  |  |
| [ ]  Printing / Photocopying |  |  |
| [ ]  Postage |  |  |
| [ ]  Research training course or workshop*Details of the course/workshop must be attached* |  |  |
| [ ]  Computer Software*Please ensure you have contacted IT support in the first instance to confirm need and costs.* |  |  |
| [ ]  Internet Access |  |  |
| [ ]  Thesis Binding*The Faculty supports cost of production of all soft bound examination copies and one final hard bound copy.* |  |  |
| [ ]  Other |  |  |

2. To be completed by the Applicant

*Please explain how this expenditure makes a strategic contribution to the progress of your candidature and/or future research career (maximum 200 words):*

|  |
| --- |
|  |

3. To be completed by the Supervisor

*Please summarise the candidate’s progress to date and explain how this expenditure makes a strategic contribution to the candidates’ progress and/or future research career (maximum 200 words):*

|  |
| --- |
|  |

Certification by Candidate

I certify that the above details are true and correct and agree to supply the Faculty with receipts/tax invoice or required documentation to arrange payment.

**Signature Name Date**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  / / |

Certification by Supervisor

I deem the above research-related expenses as appropriate for assisting the candidate to complete the degree requirements **within minimum period of candidature.**

**Signature Name Date**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  / / |

Certification by Graduate Research Coordinator

[ ]  I agree to fund expenditure as described in Section 1 of this application subject to the conditions agreed to by the applicant in Section 2 of this application.

[ ]  I agree to fund expenditure to the value of $ subject to the conditions agreed to by the applicant in Section 2 of this application.

[ ]  The applicant cannot be approved as:

[ ]  The applicant is not eligible for the scheme

[ ]  Available scheme funds for the period of candidature have been expended

[ ]  Items of expenditure are not research related

[ ] ..........................................................................................................................

..........................................................................................................................

**Signature Date**

|  |  |  |
| --- | --- | --- |
|   |  |  / / |

Graduate Research Coordinator

**Signature [only if total is greater than $1500] Date**

|  |  |  |
| --- | --- | --- |
|   |  |  / / |

Associate Dean Research

*Once approved please send a copy to the candidate and submit to the Executive Officer Operations via email at* *Christine.Cole@utas.edu.au*