



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieving International Excellence



**THE RAINE MEDICAL RESEARCH FOUNDATION
AND
FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES**

***The Raine Faculty MBBS/PhD Scholarship
Application Form:
Closing date: Friday, 14th November 2008***

This information is also available at the Raine web site: <http://www.raine.uwa.edu.au>

(1) Personal details

Surname

UWA Student No.

Other names

Telephone No.

Address

Email address

(2) Discipline

(3) School

(4) Name of Supervisor

(5) Project Title

(6) Aims and Objectives of the project

Please describe briefly the aims and objectives of the research project to be undertaken.
(Please restrict to three single pages of typewritten text, using a minimum of 10 point type and 1.5 line spacing)

A large empty rectangular box intended for the student to write their aims and objectives.

(7) Aims and Objectives of the project (continued)

(8) Declaration

I declare that the information provided is true and complete

Name (please print)

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Signature

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Date

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(9) Certification of Coordinating Supervisor

I confirm that I am prepared to act as the Principal Supervisor to the applicant undertaking the above project for the MBBS/PhD course.

Name (please print)

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Signature

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Date

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(10) Certification of Head of School

I confirm that the above project is acceptable to the general facilities and resources in this School.

Name (please print)

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Signature

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Date

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(11) Faculty Approval

This Scholarship is subject to Faculty approval of the candidate's application for admission to candidature for the combined degree of Bachelor of Medicine and Bachelor of Surgery, and Doctor of Philosophy (90150/00850), in accordance with Combined Course Rules 11.2.1, University General Rules 1.3.1 (General Provisions for Research Higher Degrees) and 1.3.3 (Additional Provisions for the Degree of Doctor of Philosophy).

(12) Check list

Prior to submitting this application, I have:

- | | | | |
|----|--|-----|--------------------------|
| 1. | attached an official transcript of my academic record | Yes | <input type="checkbox"/> |
| 2. | answered all questions | Yes | <input type="checkbox"/> |
| 3. | signed application form | Yes | <input type="checkbox"/> |
| 4. | obtained the relevant signatures (Supervisor and Head of School), and | Yes | <input type="checkbox"/> |
| 5. | applied to the Faculty for admission to the combined degree of Bachelor of Medicine and Bachelor of Surgery and Doctor of Philosophy and to the Graduate Research and Scholarships Office for the Doctor of Philosophy | Yes | <input type="checkbox"/> |

The completed form and attachments should be sent by the closing date to –

Lyn Ellis
Executive Officer
Raine Medical Research Foundation
Suite 24, 95 Monash Avenue
Hollywood Specialist Centre
Nedlands WA 6009

Telephone: 9386 9880
Facsimile: 9386 9522
Email: lellis@raime.uwa.edu.au