Deafness Foundation PhD Top-up Scholarship
application form

# Principal Supervisor Details

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| NAME |  |
| AFFILIATION |  |
| EMAIL ADDRESS |  |
| MOBILE NUMBER |  |

# Co-supervisor Details

|  |  |
| --- | --- |
| NAME |  |
| AFFILIATION |  |
| EMAIL ADDRESS |  |
| MOBILE NUMBER |  |

# Supervisor CVs

**Please attach a CV** for each supervisor of *not more than 4 pages*.

# Project Proposal Synopsis

Please provide a title and synopsis of the proposal, including its significance for the aim of improving access to health care for people with hearing loss. *Maximum half page.*

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# Project Details

Please outline the specific aims and methods to be used, and any information that supports the feasibility of the study’s success and impact. *2 pages maximum, including references*

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# Signatures:

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| Principal Supervisor |  | DATE  |
| Head of Department |  | DATE |

Please email this form along with supervisor CVs to management@deafness.org.au. Your application will be acknowledged.