 **MPhil Student Admission Form**

Use this form to apply to undertake research as a MPhil Student at QIMR Berghofer.

***Please fill this form out electronically, then send it to your QIMR Berghofer supervisor as a word document to fill in section 2. When you get it back from them, combine it with all supporting documents into ONE PDF and email to*** [***Graduateeducation@qimrberghofer.edu.au***](mailto:Graduateeducation@qimrberghofer.edu.au)

**Processing times for Institute admission:**

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| --- | --- |
| Student is enrolled in a Queensland University | 3 weeks |
| Student is enrolled in an Overseas University | 6 weeks |

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| **Section 1: To be completed by student** | | | | | | | | | | | | | | |
| **Student Details** | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | Given Names: | | | |  | |
|  | | |  | | | | | |  | | | |  | |
| Email Address: | | |  | | | | | | Contact Number: | | | |  | |
|  | | |  | | | | | |  | | | |  | |
| Highest Awarded Degree: | | |  | | | | | | University: | | | |  | |
|  | | |  | | | | | |  | | | |  | |
| Date Awarded: | | |  | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | |
| **Enrolment Details** | | | | | | | | | | | | | | |
| Project Title (compulsory): | | | | | | | | | | | | | | |
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| University Enrolment: | Full-time  Part-time | | | | | | Attendance at QIMR Berghofer: | | | | | Full-time  Part-time | | |
|  | | | | | | | | | | | | | | |
| University: |  | | | | | | University School: | | | | |  | | |
|  | | | | | | | | | | | | | | |
| Proposed Start Date at Institute: | |  | | | | | Proposed End Date at Institute: | | | | |  | | |
|  | |  | | | | |  | | | | |  | | |
| Principal Supervisor: | |  | | | | | Email Address: | | | | |  | | |
|  | |  | | | | |  | | | | |  | | |
| QIMR Berghofer Supervisor:  *(If Principal Supervisor is not at QIMR Berghofer)* | |  | | | | | Email Address: | | | | |  | | |
|  | |  | | | | |  | | | | |  | | |
| Associate Supervisor 1: | |  | | | | | Email Address: | | | | |  | | |
|  | |  | | | | |  | | | | |  | | |
| Associate Supervisor 2: | |  | | | | | Email Address: | | | | |  | | |
|  | |  | | | | |  | | | | |  | | |
| Associate Supervisor 3: | |  | | | | | Email Address: | | | | |  | | |
|  | | | | | | | | | | | | | | |
| **Funding** | | | | | | | | | | | | | | |
| Source of Scholarship/Living Allowance: | | | |  | | | | | | | Status: | | |  |
|  | | | |  | | | | | | |  | | |  |
| Scholarship Value (per annum): | | | |  | | | | | | | Years of Funding: | | |  |
|  | | | | | | | | | | | | | | |
| **Supporting Documents - Please indicate that you have attached all required documents** | | | | | | | | | | | | | | |
| Student IP Deed (compulsory) | | | | | |  | | | | | | | | |
| Academic Curriculum Vitae (compulsory) | | | | | |  | | | | | | | | |
| Project outline (compulsory) | | | | | | (no more than 1 page in length) | | | | | | | | |
| Copy of passport (compulsory for all students) & visa (if international student) | | | | | |  | | | | | | | | |
| Proof of university enrolment (compulsory) | | | | | | (this must be provided before Institute induction) | | | | | | | | |
| A copy of all University Scholarship offers (compulsory) | | | | | |  | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | | | | |
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| **Section 2: To be completed by Institute Supervisor (compulsory)** | | | | | | | | | | | | | | |
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| If your student is **self-funded** please send a separate letter or email that justifies how their academic record merits acceptance and how the student will self-fund. | | | | | | | |
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| Please indicate current numbers in the lab: | | | | | **PhD/MPhil**  **Post-docs** | | | | |  | | | | |
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| Who will give day to day supervision? | | | | |  | | | | | | | | | |
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| Source of project funding (QIMR Berghofer cost centre) | | | | |  | | | | | | | | | |
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| How many years of project funding is available? | | | | |  | | | | | | | | | |
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| If less than 1.5 years, please provide plan for funding after this: | | | | |  | | | | | | | | | |
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| Will this student carry out Institute milestone reviews? (If no – access is Monday to Friday only) | | | | |  | | | | | | | | | |
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| Do you have ethics approval for this project? | | | | |  | | | | | | | | | |
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| Does this project need a MTA or DTA? | | | | |  | | | | | | | | | |
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| Are you offering financial support for this student? (if yes please provide cost centre number below) | | | | |  | | | | | | | | | |
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| If you selected yes to the above question, what is the Cost centre number? | | | | |  | | | | | | | | | |
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| Do you have the grants officer approval to use this cost centre for this purpose? (if yes, please provide the email correspondence separately) | | | | |  | | | | | | | | | |

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| Do you have a personal relationship with the prospective student or a co-supervisor that could create an actual, potential or perceived conflict of interest in your role as a supervisor (refer to the [Conflict of Interest Policy](https://intranet.qimrberghofer.edu.au/media/2wqjrmm2/conflict-of-interest_policy_council-approved_20240213.pdf) and [Procedure](https://intranet.qimrberghofer.edu.au/media/wvxj4y3r/conflict-of-interest-procedure_2024-02-20_dir_ceo_approved.pdf) for more information)? |  |

*(****If yes to the above****, you must formally register this conflict through the Institute’s COI system.  An approved conflict management plan must be in place before the student’s admission will proceed).*

Please note: Students with appointments less than 12 months will not be given a QIMR Berghofer email address. Institute correspondence will be transferred to a nominated email account during their appointment.