

**FACULTY OF HEALTH AND ENVIRONMENTAL SCIENCES  
APPLICATION FOR MAURICE AND PHYLLIS PAYKEL TRUST SCHOLARSHIP IN  
HEALTH SCIENCE**

**Please note:** Five paper copies and one electronic copy of this application form and the relevant attachments are to be submitted to the AUT Scholarships Office, WB102, Level 1, WB Building, Wellesley Campus (scholarships@aut.ac.nz), by the closing date.

|                            |  |
|----------------------------|--|
| <b>Date of application</b> |  |
|----------------------------|--|

**1. APPLICANT DETAILS AND ENROLLMENT STATUS**

|   |                                 |                                       |                                     |
|---|---------------------------------|---------------------------------------|-------------------------------------|
| AUT Student ID  |                                 |                                       |                                     |
| Surname   |                                 | Given names                           |                                     |
| Address   |                                 |                                       |                                     |
| Telephone   |                                 | Mobile phone                          |                                     |
| Fax   |                                 | E-mail                                |                                     |
| Tick one of the following boxes as appropriate    Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> |                                 |                                       |                                     |
| Nationality *   |                                 |                                       |                                     |
| Indicate the programme of study in which you have enrolled or plan to enrol in for 2012 (e.g. DHSc, MHSc, MPhil, etc)                   |                                 |                                       |                                     |
| Tick one  | Thesis <input type="checkbox"/> | Dissertation <input type="checkbox"/> | Coursework <input type="checkbox"/> |

\*If not a New Zealand citizen, please provide properly witnessed evidence of permanent residency

**2. RESEARCH PROPOSAL**

**Proposed title of thesis**

\_\_\_\_\_

**Supervisors**

|                     | Principal supervisor | Second supervisor (if applicable) |
|---------------------|----------------------|-----------------------------------|
| Name                |                      |                                   |
| Title               |                      |                                   |
| Position            |                      |                                   |
| Discipline/School   |                      |                                   |
| Institution         |                      |                                   |
| Main research field |                      |                                   |

**Summary of intended research**

Attach a separate document (not more than 1 A4) containing:

- A brief outline (not more than 200 words) of your research project under the following headings:  
Titles, Aims, Research Design and Methods

- A brief outline (not more than 150 words) of the significance of the project (in scientific terms), and the likely impact on the health & social sectors nationally and internationally
- A description (not more than 150 words) of how you developed your current research interests, why you selected this topic, and how your project will contribute to the potential for development of research in the Faculty

**Ethics approval**

For research involving human or animal subjects, ethics approval from a properly qualified committee is mandatory. Even if your proposal has been approved by an external body, your supervisor will notify the AUT Ethics Committee (AUTEC).

|  |  |                  |  |
|--|--|------------------|--|
| Has ethical approval been obtained for this research?  |  | Yes              |  |
|  |  | No               |  |
| If <b>yes</b> , signify from whom  |  | Date of approval |  |
| If <b>no</b> , signify the date by which you expect approval of an <b>already submitted application</b> or attach a letter from your Head of School indicating that approval is not required for the project |  |                  |  |

**Referees**

List the names and contact details of **two** referees (other than your supervisor(s) to whom you have forwarded a copy of your application and who have been asked to forward a confidential report in letter form on your candidature. Your Head of School/Discipline may act in this capacity. Please note that the referees must send their reports directly to the Scholarships Office, separately from this application.

|                   | Referee 1 | Referee 2 |
|-------------------|-----------|-----------|
| Name              |           |           |
| Title             |           |           |
| Position          |           |           |
| Discipline/School |           |           |
| Institution       |           |           |
| Telephone         |           |           |
| Mobile Phone      |           |           |
| Postal Address    |           |           |
| Fax               |           |           |
| E-mail            |           |           |

**3. PRIOR ACADEMIC ACHIEVEMENTS**

Attach:

- Copies of your undergraduate and graduate records (academic transcript) detailing courses taken and grades attained. Please include a copy of evidence of any study outside the AUT during the same (under)graduate period, (transcribed into English if applicable). Please **do not**

attach copies of your Certificates, just your grades (unless the grade list is on the reverse of the Certificate).

- A short CV (not more than one A4 page in 11 point font, excluding graduate record transcripts) describing your academic achievements. Use the template set out below.

| Qualifications | Institution | Year | Academic/Scientific field |
|----------------|-------------|------|---------------------------|
|                |             |      |                           |

*Please indicate in this table if you have applied for or been successful in obtaining any other scholarships or awards relating to your programme of study at AUT. Clearly distinguish between those already awarded and those applied for but not (yet) awarded*

| Scholarships, awards, fellowships, honours, prizes received |             |
|---|-------------|
| Year  | Prize/award |
|   |             |

| Membership of any professional organisations or societies |                         |
|---|-------------------------|
| Year(s)   | Organisation or society |
|   |                         |

| Publications (if applicable) Total number _____<br>List refereed papers and conference presentations (or equivalent work) published during the last five years. Accepted (forthcoming) papers may be included |                             |
|---|-----------------------------|
| Year  | Publication or presentation |
|   |                             |

| Other relevant academic and research experience to date |            |
|---|------------|
| Year  | Experience |
|   |            |

#### 4. CAREER PLANS

Please indicate in not more than 150 words:

- How you developed your current postgraduate and research interests
- Why you selected this course of study
- How support from this Scholarship might assist in furthering your health research or health professional career

## 5. PERSONAL INFORMATION AND THE PRIVACY ACT

- The personal information you provide in your application form is protected by AUT's policies and the Information Privacy Principles
- The information will only be used to determine whether or not you will receive the Scholarship. It will only be disclosed to a small group of staff and others who have responsibility for making decisions about scholarships and awards
- A record of your application will be held in the Scholarships Office and recorded in a secure module of the University database, and by the FHES Research Administrator
- You have the right of access to all personal information AUT holds about you unless there is a statutory reason for withholding it. Some information provided by referees may be kept confidential as 'evaluative opinion' unless written permission from the author is received

## ADMINISTRATIVE AGREEMENT

|                                  |   |
|----------------------------------|---|
| <b>Name of Award/Scholarship</b> | <b>Maurice and Phyllis Paykel Trust Scholarship in Health Science</b> |
|----------------------------------|---|

|   |  |
|---|--|
| <b>Applicant Name</b>                   |  |
| <b>Programme of Study</b>               |  |
| <b>Title of Project (if applicable)</b> |  |

The **applicant**:

- Has read and accepted the Terms of Reference for this Scholarship
- Authorises the University to disclose to the Scholarships Office details about their academic progress to confirm that during the period they receive their Scholarship they continue to satisfy the criteria
- Confirms that the information provided in this application is a true and complete record of their circumstances and they acknowledge that AUT University may cancel the Scholarship if they have supplied false information
- Agrees to be included in any promotional activities that AUT University may wish to run in conjunction with the awarding of this Scholarship, and agrees to allow personal and scientific information specified in this application to be used for publicity and other purposes approved by the Faculty Board or University Council

It is understood and agreed by the **Applicant and Head of School/Discipline** that any award received as a result of this application is subject to any rules and regulations which the Faculty of Health and Environmental Sciences (and/or its parent organisation, the AUT University) may from time to time apply. Furthermore, the **applicant** signifies that any funds awarded as a result of the application will not be expended for any purpose other than that described in the application.

The **Head of School/Discipline** agrees to accept this research within his/her School/Discipline if a grant is made by the funding agency and will ensure that the project will have been approved (where appropriate) by the AUT Ethics (or Safety) Committee before the research is commenced.

**Signed (Applicant)**

**Print name clearly**

**Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Signed (Principal Supervisor)**

**Print name clearly**

**Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Signed (Head of School)**

**Print name clearly**

**Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**CHECKLIST FOR APPLICANTS**

- All relevant sections of application completed
- CV template completed
- Application signed by applicant  Supervisor  Head of School
- Academic transcripts included
- Summary of intended research attached
- 2012 course enrollment confirmation included
- If not NZ citizen, proof of permanent residence included
- 2 referee reports submitted directly to the Scholarships Office by the referees

**FOR USE BY FHES ONLY**

|                   |     |           |    |      |    |  |
|-------------------|-----|-----------|----|------|----|--|
| Date reviewed     |     |           |    |      |    |  |
| Funds recommended | Yes |           | No |      | \$ |  |
| Other comment     |     |           |    |      |    |  |
| Chairperson       |     | Signature |    | Date |    |  |