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| **Applicant Details** |  |
| **Full name** | Click or tap here to enter text. |
| **Student number** | Click or tap here to enter text. |
| **School / Institute** | Click or tap here to enter text. |
| **Principal Advisor** | Click or tap here to enter text. |
| **Description of your research topic (100 words)** | Click or tap here to enter text. |

### **Selection Criteria**

Successful applicants are expected to:

* Undertake research that responds to needs identified by Indigenous communities and aims to improve urban Indigenous health outcomes across the life course, from maternal and child health, through adolescence to the challenges of chronic disease and ageing.
* Produce research, in collaboration with primary health care providers, which impacts outcomes for Indigenous communities.

Please provide a summary of how your research:

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| --- |
| **Responds to a need identified by Indigenous communities (200 words)** |
| Click or tap here to enter text. |
| **Might improve urban Indigenous health policy or clinical practice (200 words)** |
| Click or tap here to enter text. |
| **Engage and involve Aboriginal people throughout all phases ( eg reference group, supervisor liaison with primary health care providers)**  |
| Click or tap here to enter text. |
| **Be relevant to urban Indigenous primary health care providers and affiliated organisations (200 words)** |
| Click or tap here to enter text. |
| **Will be presented to communities either during and or post PhD studies (seminars, conferences, community reference groups, media, other ways of dissemination) (200 words)** |
| Click or tap here to enter text. |

### **Application Section**

* *I have checked the conditions of any scholarships I hold and certify that my request is consistent with any applicable conditions.*
* *I agree to comply with all Scholarship Rules and other University rules and policies, as set out on the Graduate School website and elsewhere on The University’s website, along with any subsequent amendments approved by the Senate or the Academic Board.*
* *I understand that if I submit an incomplete application it will be deemed ineligible and will be removed from the round.*

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| Name: | Click or tap here to enter text. |  | Signature |  |  | Date | Click or tap to enter a date. |

***Private Statement****:*

*The information you provide in your application is collected for the purposes of (1) assessing your eligibility for this scholarship, (2) selecting scholarship recipients, and (3) administration of the scholarship. The University of Queensland may disclose the information you provide to the Donor for the stated purposes. The University will not otherwise disclose the information to a third party without your consent, unless such disclosure is authorised or required by law. For further information, please refer to the University’s Privacy Management Policy at http://ppl.app.uq.edu.au/content/1.60.02-privacy-management*