

Centre for Adolescent Health

Expression of Interest.

For a student Placement. (* For PhD & Masters applications use Form A)

This form is to be used by anyone wanting to apply for a short term student placement within the Centre for Adolescent Health (CAH).

Please complete the form, attach relevant supporting documentation and send to:

The Research Manager
Centre for Adolescent Health
Royal Childrens Hospital
50 Flemington Rd
Parkville 3052

Your application will then be discussed by our internal academic committee to ascertain the best fit for the project within the Centre.

Information for completing the expression of interest:

Please provide the following with the expression of interest form:

1. Your personal details
2. A one page proposal for the work you intend to complete while at the Centre, or reasons for wanting to do a placement at CAH.
3. Details for two referees
4. Your CV
5. A copy of your academic transcript

Additional Information:

Please note before commencing at the CAH all students are required:

- to provide a current (no more than 3 months old) police check.
- Hold an appropriate student visa, if not an Australian Resident.

Supervision

Placements will be made available dependant upon the ability for the Centre to provide a suitable supervisor for the project and / or placement being undertaken.

Cost

Some placements are subject to a fee

APPLICATION FOR STUDENT PLACEMENT

APPLICATION DETAILS

Name	
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Intended Supervisors (If known)	
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Degree being undertaken	
Institution	
Proposed dates for placement	

Intended Title of Research Project (if placement includes a project component)	
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PERSONAL DETAILS

Name	
Home Address	
Home Phone	
Work Contact Number	
Email Address	
Date of Birth	
Citizenship – Are you an	

Australian Citizen	
If Not (i) of which country are you a citizen (An appropriate visa must be acquired) (ii) Do you hold permanent Australian residency status? Evidence of residency must be provided	
Visa category	

EMPLOYMENT AND

ACADEMIC QUALIFICATIONS:
attach most recent Academic Transcript

Year awarded	Qualification	Institution

WORK EXPERIENCE:

Date (from/to)	Position	Employer

PUBLICATIONS:

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2 Reason for wanting to do a placement at the Centre for Adolescent Health &/or Proposal for intended Project.

1 PAGE

3 NOMINATED REFEREES

1.

Referee Name		
Appointment		
Department		
Institution		
Address		
Contact Details	ph:	fax:
Email Address		

2.

Referee Name		
Appointment		
Department		
Institution		
Address		
Contact Details	ph:	fax:
Email Address		