

| PERSONAL DETAILS | | |
|--|--------|-----------|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other | | |
| First name: | | Surname: |
| Address | | |
| Suburb: | State: | Postcode: |
| Telephone: | | Mobile: |
| Email: | | |
| Date of birth: | | |
| Citizenship: <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident | | |
| University to at which your Honours project will be conducted: | | |
| QUALIFICATIONS AND ACADEMIC INFORMATION | | |
| Please list your qualifications (<i>please attach a copy of your academic transcript</i>) | | |
| Degree: | | |
| Institution: | | |
| Date awarded: | | |
| Please attach relevant research experience/publications | | |
| Please provide two academic referees | | |
| (1) Name: | | |
| Address | | |
| Suburb: | State: | Postcode: |
| Telephone: | | Mobile: |
| (2) Name: | | |
| Address | | |
| Suburb: | State: | Postcode: |
| Telephone: | | Mobile: |
| 1. Do you currently hold a scholarship? YES/NO <i>If yes, provide the following details</i> | | |
| Name of award: | | |
| Annual monetary value: | | |
| Duration of award: Start: | | End: |
| 2. Have you applied for any other scholarships? YES/NO <i>If yes, provide the following details</i> | | |
| Name of award: | | |
| Annual monetary value: | | |
| Duration of award: Start: | | End: |

DECLARATION

Giving false or misleading information is a serious offence under the *Criminal Code* (Commonwealth).

I declare that the information supplied by me on this form is complete, true and correct in every particular.

Applicants signature:

Date:

Please complete a project proposal form and attach it to this application.

Please submit your application directly to the Education and Training Program Leader, Dr Kirsty Bayliss by email, kbayliss@crcplantbiosecurity.com.au, or by mail to Dept of Biological Sciences, Murdoch University, South St, Murdoch WA 6150.