VICTORIA UNIVERSITY MELBOURNE AUSTRALIA

OFFICE OF RESEARCHER TRAINING, QUALITY AND INTEGRITY Application for Registration or Upgrade as a Graduate Research Supervisor VU Academic Staff

PART A: To be Completed by the Applicant

1. Applica	nt's Details				
Title:		Name:			
Position:					
Institute:				Campus:	
Email:				Phone:	
Employment:	VU Full Time	VU Part Time	Adjunct/Honorary Appo	pintment	VU Sessional
Fellowship type	2:				

2. Type of Request

Please tick relevant box that applies to this request:

Registration as a Graduate Research Supervisor (Complete 3a-c)

Registration Upgrade (Complete 3b-d)

3. Academic and Research Achievement

Please attach a brief CV with evidence of relevant qualifications and research training and supervisor professional development experience. Please include:

- a. Details of Academic Qualifications, including awarding institution and year awarded for each;
- b. Research Publications (referred papers, books. Chapters, referred conference papers) over the past five years (maximum of five publications);
- c. Competitive or other sources of research funding awarded over the last five years (maximum of five grants);
- d. Demonstration that you have fulfilled the requirements for the level proposed and wish to be considered for a Supervision Level Upgrade.

4. Supervisory Experience

Have you supervised (as a Principal or Associate Supervisor) a candidate to successful completion of aresearch higher degree?YesNo

If "Yes" identify the number of candidates supervised to a successful completion over the last five years.

Course	Number of Completions as Associate Supervisor	Number of Completions as Principal Supervisor
Masters		
Doctor of Philosophy		
Professional Doctorate (by Research)		

If the supervision has occurred at another University, documentary evidence should be provided. Such evidence may include a letter from the Dean of the College, Director or Deputy Director of Institute outlining the supervisory experience. Please add any other details in relation to supervision or examination of doctoral Thesis that may be of relevance.

5. Supervision Training

Have you undertaken any formal supervision training over the last three years? Yes No

If "yes" please provide details (year undertaken, nature of program)

Year	Details

Please provide the following information:

Area of research (FOR codes): ______

MORA POINTS: _____

SUPERVISOR LOAD:

6. Conditions of Registration

I agree to participate in appropriate supervisory development activities as recommended in the Supervision Policy and Supervisor Registration and Development Procedure and related Guidelines (<u>https://policy.vu.edu.au/</u>). Ongoing registration as a supervisor will be dependent on supervisors engaging in professional development and training activities relevant to the duties and responsibilities of a graduate research supervisor.

I agree to supervise graduate research candidates in accordance with the Supervision Policy and Supervisor Registration and Development Procedure and related Guidelines (<u>https://policy.vu.edu.au/</u>).

Signature _____

Date_____

Please now submit your application to the Office of Researcher Training, Quality & Integrity (via <u>researcher.development@vu.edu.au</u>) with any required supporting documents.

PART B: Recommendation and Approval

1. Recommendation by the Deputy Director, Flagship Research Institute

The Flagship Research Institute recommends to the Dean,Graduate Research that the Applicant be added to theYesNo*Register of Graduate Research Supervisors.

The Institute recommends: To register at a designated level

To upgrade registration to a higher level

Level of supervisory registration recommended:

Level 1 - Associate Supervisor

Level 2 - Principal-Supervisor

Level 3 - Experienced Principal Supervisor

* If registration is not recommended, the Deputy Director will contact the staff member to discuss the reasons why the application has not been approved and will encourage the staff member to seek academic and supervision development in certain areas in order to meet the requirements.

Additional Info	ormation or	Comments:		
Recommende	d by Deputy	Director, Flagship	Research Institute	
Name				
Signature			Date	
2. Approval k	by the Dean	, Graduate Resear	rch	
Approved?	Yes	No	Date:	
Namo			Signature	
Additional Info	ormation or	Comments:		

For Office Use Only:

Tracking sheet updated
Employment status confirmed/ e-number created (if applicable)
Current box ticked
Supervisor box ticked
Internal / External (as appropriate) ticked on panel 1
New Level entered on panel 3
Training entered (as applicable)
Approved application PDF saved

Added to Researcher Professional Development Supervisor register on (date):_____