



**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. Applicant's Details

Title: Name:

Position:

Institute: Campus:

Email: Phone:

Employment: VU Full Time VU Part Time Adjunct/Honorary Appointment VU Sessional

Fellowship type:

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:

- Details of Academic Qualifications, including awarding institution and year awarded for each;
- Research Publications (referred papers, books, Chapters, referred conference papers) over the past five years (maximum of five publications);
- Competitive or other sources of research funding awarded over the last five years (maximum of five grants);
- 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 a research higher degree? Yes No

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 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 Information or Comments:

Recommended by Deputy Director, Flagship Research Institute

Name _____

Signature _____ Date _____

2. Approval by the Dean, Graduate Research

Approved? Yes No Date: _____

Name _____ Signature _____

Additional Information 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): _____