

Return form to:
Admissions & Scholarships Coordinator
Graduate Research Centre
Room C320, Level 3, Building C, Footscray Park
(PO Box 14428, Melbourne, Victoria 8001)

APPLICATION FORM FOR

Secomb Conference and Travel Fund

APPLICATION INSTRUCTIONS

Please read the accompanying notice to applicants before completing this application.

Applications for funding must be made in advance of the conference. Applications will be received for the six months prior to each closing date. Applications for retrospective funding **will not** be considered.

A. PERSONAL PARTICULARS (Please Print or Type)

TITLE: SURNAME: GIVEN NAMES:
ADDRESS FOR CORRESPONDENCE:
POSTCODE: DAYTIME CONTACT TELEPHONE NUMBER:
DATE OF BIRTH: / / VU STUDENT ID NUMBER:

B. COURSE DETAILS

DEGREE TITLE

COLLEGE:

Please indicate whether you are studying part-time: Part-time ☐ Full-time ☐

Please indicate whether you are a Domestic or International student Domestic ☐ International ☐

Date of initial enrolment:

Date of approval of candidature

Number of full-time (or equivalent months enrolled in course:

C. CONFERENCE DETAILS

CONFERENCE NAME:

CONFERENCE DATE:

CONFERENCE LOCATION*:

NAME OF PROPOSED PRESENTATION:

CONFERENCE DETAILS: INTERNATIONAL* ☐ NATIONAL ☐ REGIONAL ☐

REFEREED ☐ NON REFEREED ☐

WHAT DO CONFERENCE ORGANISERS REQUIRE FOR REFEREEING? ABSTRACT ☐ FULL PAPER ☐

PROPOSED RESULTING PUBLICATION OUTPUT? JOURNAL ☐ CP** ☐

*International conferences may be conducted in Australia or overseas. The title 'International' in a conference name does not automatically guarantee the conference is international. To be classified as International there must be evidence that the sponsoring organisation and organising committee is international and the committee has international standing in its field.

**Conference Proceedings

D. STATEMENT OF JUSTIFICATION

Please indicate how attendance at this conference will assist your research. It is important that you make a case for how in the assessment of your application the conference will benefit you, your College/Centre/Institute and the University. It would assist the assessors in their deliberations, if you address each of the topic below. Factors considered include:

- the academic progress of the student
- the student's stage within their research program
- the student's percentage contribution towards the paper to be delivered
- the significance and academic standing of the conference in relation to the student's research,
- the significance and academic standing of the conference to the University and the research community

Please use the space provided (no more than 1 additional page will be considered)

E. FUNDING

Please indicate the amount of Second Funding sought:

REGISTRATION FEES	TOTAL COST
	\$
TRANSPORT	
AIRFARE	\$
BUS	\$
TAXI	\$
CAR HIRE	\$
SUB TOTAL:	\$

Have you already paid your registration fee? YES ☐ No ☐

Are you likely to receive funding for this conference from any other source? YES ☐ No ☐

Name of funding Source:.....

Amount of funding expected:.....

F. DECLARATION

I declare that the information submitted is correct and complete. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I authorise the University to obtain official records from any educational authority holding such records about me.

SIGNATURE:

DATE:

The remainder of this form should be completed by your College Director of Research & Research Training or Dean of College **AND** Principal Supervisor.

Completed forms are not to be seen by the applicant. Forms should be returned by the relevant closing date:

Round 1 – 31 March
Round 2 – 31 July
Round 3 – 31 October

Please return to Admissions & Scholarships Coordinator, Graduate Research Centre, Footscray Park Campus either via researchscholarships@vu.edu.au or to Room C320.

SUPPORTING STATEMENTS – DIRECTOR OF RESEARCH & RESEARCH TRAINING OR DEAN OF COLLEGE

(Please comment on actions such as the academic progress of the student, the significance of the conference to the student's research as well as to the University and the research community – Please refer to 'Factors considered by the Committee' in the program guidelines for further information).

NAME:**TELEPHONE:****COLLEGE/CENTRE/INSTITUTE:**

Please indicate the level of support the College/Centre/Institute will contribute towards the student's participation in this conference.

OTHER COMMENTS IN SUPPORT OF THE APPLICANT:**DIRECTOR OF RESEARCH & RESEARCH TRAINING OR DEAN OF COLLEGE SIGNATURE: DATE: / /**

G. SUPPORTING STATEMENTS – PRINCIPAL SUPERVISOR

(Please comment on factors such as the academic progress of the student, the significance of the conference to the student's research as well as to the University and the research community – Please refer to 'Factors considered by the Asessors' in the program guidelines for further information).

SUPERVISOR NAME:**TELEPHONE:**

What percentage of work towards the conference paper has been contributed by the student?

Please describe how the activity proposed will benefit the student's research.

Other comments in support of applicant.

SUPERVISOR'S SIGNATURE:**DATE: / /**
