You can use this form to apply for any Masters by Research, Doctor of Philosophy or Professional Doctorate (Research) course. All applicants should note that you must fulfil the minimum entrance requirements for this application. Please refer to www.vu.edu.au/research for more information. When you have completed this form, please lodge it with Admissions, Student Services at the address below. All options for mail, in person or online submission are outlined on page 4 of this form.

Please write in BLOCK LETTERS using a black or blue pen.

I AM USING THIS FORM TO APPLY FOR A:
☐ Masters by Research ☐ Doctor of Philosophy ☐ Professional Doctorate (Research)

HAVE YOU COMMENCED A PART OF THIS DEGREE AT ANOTHER INSTITUTION?
☐ YES ☐ NO

INTO WHICH COLLEGE WILL YOU BE ENROLLING?

LOCATION:

WHAT IS YOUR PREFERRED MODE OF STUDY? ☐ PART-TIME ☐ FULL-TIME

NUMBER OF HOURS PER WEEK YOU ARE AVAILABLE FOR STUDIES:

PREVIOUS STUDIES AT VICTORIA UNIVERSITY
Have you previously applied for a course or been enrolled at Victoria University (including Footscray Institute of Technology or Western Metropolitan Institute of Technology)?
☐ NO ☐ YES - COURSE NAME: STUDENT ID (if known):

SECTION A: PERSONAL INFORMATION

TITLE: FAMILY NAME:

GIVEN NAME: DATE OF BIRTH: / /19 GENDER: ☐ M ☐ F

(i) Postal Address

STREET NUMBER AND NAME:

SUBURB: STATE: POSTCODE:

HOME PHONE: MOBILE PHONE: EMAIL ADDRESS:

If you have provided a PO BOX address as your postal address, please also provide a residential address in the space below.

Is your postal address different from your home address or semester address? ☐ YES ☐ NO

If YES, please write your address below and indicate whether HOME or SEMESTER (Please circle)

PLEASE NOTE: If you change your personal/contact details, please complete and submit a Personal Details Amendment form using the submission options outlined on page 4.

OFFICE USE ONLY — QPR TO COMPLETE THEN FORWARD TO AES FOR FURTHER PROCESSING

RECEIVED (REC) DATE OFFER TYPE RTS SPONSOR FEE WAIVER FULL FEE ADMISSION BASIS FUND SOURCE FEE ASSESSMENT

OFFER PENDING (OPF) DATE OFFER TO BE MADE - NO CONDITIONS

NO OFFER (REJ) DATE CONDITIONAL OFFER TO BE MADE COMMENTS (CONDITIONAL OFFER):

SELECTION OFF. NAME:

TOTAL EFTD: PRIOR CANDIDATURE (DAYS): PREVIOUS RTS EFTSL:

% OF SUPERVISION: PRINCIPAL: ASSOCIATE: % OF RESEARCH: START DATE: (DD/MM/YYYY)

SIGNATURE:

DATE:
### SECTION B: PERSON STATISTICS – ALL APPLICANTS MUST COMPLETE THIS SECTION

1. Are you of Aboriginal or Torres Strait Islander origin?
   - [ ] Neither Aboriginal nor Torres Strait Islander
   - [ ] Yes, Aboriginal
   - [ ] Yes, Torres Strait Islander
   - [ ] Yes, both Aboriginal and Torres Strait Islander

2. What is your Citizenship/Residence status?
   - [ ] Australian Citizen
   - [ ] New Zealand Citizen living in Australia
   - [ ] Permanent Resident (other than Humanitarian) (complete Q3)
   - [ ] Temporary Visa Holder (TAFE Only)
   - [ ] Temporary Protection Visa holder (TAFE Only)
   - [ ] Permanent Humanitarian Visa holder

3. If you have Permanent Residence status, which statement best describes your circumstance?
   - [ ] I am residing in Australia during the semester OR outside Australia as per the course requirement
   - [ ] I am residing outside Australia for the semester
   - [ ] On enrolment day I had permanent residency for more than 12 months

4. In what country is your permanent home address?
   - [ ] Australia Postcode: __________________________
   - [ ] Overseas Name of Country: __________________________

5. In what country is your residence during the year?
   - [ ] Australia Postcode: __________________________
   - [ ] Overseas Name of Country: __________________________

6. In what country were you born?
   - [ ] Australia Country: __________________________ Year of Arrival: __________

7. Do you speak a language other than English at home?
   - [ ] No
   - [ ] Yes Language: __________________________

8. If you have completed Year 12, please indicate your permanent home residence during that year.
   - Postcode: __________________________
   - Suburb / Town: __________________________

9. Please indicate your parents/guardians gender and highest level of education.

   **Parent/Guardian 1**
   - [ ] MALE
   - [ ] FEMALE

<table>
<thead>
<tr>
<th>Gender</th>
<th>Education Level</th>
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<tbody>
<tr>
<td>MALE</td>
<td>Bachelor degree</td>
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<tr>
<td>FEMALE</td>
<td>Completed year 12 or equivalent</td>
</tr>
<tr>
<td>MALE</td>
<td>Did not complete year 12 or equivalent</td>
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<tr>
<td>FEMALE</td>
<td>Completed year 10 or equivalent</td>
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<tr>
<td>MALE</td>
<td>Did not complete year 10 or equivalent</td>
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<tr>
<td>FEMALE</td>
<td>Don’t know</td>
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<tr>
<td>MALE</td>
<td>Not applicable</td>
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</table>

   **Parent/Guardian 2**
   - [ ] MALE
   - [ ] FEMALE

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<td>Don’t know</td>
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<tr>
<td>MALE</td>
<td>Not applicable</td>
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10. Please indicate your parents/guardians gender and highest level of education.

11. What was your highest educational participation prior to this course?
   - [ ] A complete Higher Education postgraduate level course
   - [ ] A complete Higher Education bachelor level course
   - [ ] A complete Higher Education subdegree level course
   - [ ] An incomplete Higher Education course
   - [ ] A complete final year of secondary education at school or TAFE
   - [ ] Other qualification, complete or incomplete
   - [ ] No prior educational attainment
   - [ ] A complete VET award course
   - [ ] An incomplete VET award course

12. What is the highest level of secondary education you have attempted or completed? Refer Sec-Ed Aust
   - [ ] Year 12/VCE (or equivalent)
   - [ ] Year 12/HSC (or equivalent)
   - [ ] Year 11
   - [ ] Year 10
   - [ ] Year 9
   - [ ] Year 8 or lower
   - [ ] International Baccalaureate IB

13. Please include the details of your final or current year of attendance:

   - Name of School: __________________________
   - State: __________________________

   Details of your final or current year of attendance:
   - Year: __________________________

14. Where was your permanent home residence during your final year of study?

   - Postcode: __________________________
   - Country: __________________________

   Details of your final or current year of attendance:
   - Year: __________________________

Please attach certified copies of your results and qualifications to date (including ATAR, ENTER, VCE score or equivalent Year 12 information, as well as results from any previous post-secondary studies).
### SECTION C: POST SECONDARY EDUCATION AND QUALIFICATIONS

Please list all academic qualifications, with the most recent qualifications first (eg. Bachelor of Communications or Diploma of Accounting). If your qualifications are from a country other than Australia, please attach an official ‘Statement of Equivalence’ available from the Overseas Qualifications Unit (Melbourne) details available from www.employment.vic.gov.au or telephone 1800 042 745. Your application is unlikely to be considered until all certified documentation is received.

<table>
<thead>
<tr>
<th>FULL NAME OF QUALIFICATION</th>
<th>MAJOR AREA OF STUDY</th>
<th>FULL NAME OF INSTITUTION</th>
<th>STATE/COUNTRY</th>
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### PREVIOUS THESSES

Please state the title of any previous theses completed (eg. Honours or Masters by Coursework or Research)

**TITLE:**

If applicable, explain below how your current proposal relates to the previous thesis:

---

### RESEARCH AND EMPLOYMENT

Please advise of any research and/or employment activities that are relevant to this application (eg. Certificates of membership of professional bodies).

**PLEASE ATTACH YOUR CV AND TWO WRITTEN ACADEMIC REFERENCES.**

---

### RESEARCH PROGRAM

What is the provisional title of your thesis? **PLEASE ATTACH A 1-2 PAGE OUTLINE OF YOUR PROPOSED AREA OF RESEARCH.**

---

### RESEARCH SUPPORT

Please indicate here if you require any special support for your research degree:

---
SECTION D: DECLARATION

By submitting this application:

1. I declare that the information given in this application is correct and complete.
2. I consent to the collection, use and disclosure of my personal information for the purpose of considering my application and where my application is successful, to enable me to enrol in a course of study, and enable the University to deliver the course and related services to me. I understand that any information collected in connection with this application will be treated in accordance with the University’s Privacy Policy and is necessary to enable the University to:
   a. Communicate with me about my course, events, activities, products, services and opportunities available to students of the University;
   b. Carry out administrative matters;
   c. Place my name on the student electoral roll;
   d. Maintain my academic record;
   e. Facilitate the University’s internal planning and the provision of programs for the health and welfare of students;
   f. Foster alumni relations; and
   g. Fulfil any requirements regarding State and Commonwealth government reporting and statistical obligations, including to the Department of Education, Employment and Workplace Relations (DEEWR) for use in connection with the Higher Education Information Management System.
3. I authorise the University to obtain official records from any educational authority holding such records on me, and understand that QualSearch may be engaged to access this academic information. I understand that Victoria University is not responsible if any educational body does not supply these records, and that the results of the search will be made available to me on request. An audit of this authority may also be undertaken.
4. I further declare that I have read and understand the regulations for research degrees. I have had discussions with the appropriate staff of the School/Centre/Institute and I am satisfied that my research interests are compatible with those of the School/Centre/Institute, that the School/Centre/Institute has (or will make the necessary arrangements for) the required facilities and equipment for me to undertake the program and that I am satisfied with the appointment of the nominated supervisors.
5. I acknowledge that some courses may require me to comply with additional legal and external agency/organisation requirements.
6. I further acknowledge that the University:
   a. May withdraw my offer or cancel my enrolment if the information I provide in this application is incomplete or incorrect; and
   b. Is under no obligation to consider late or incomplete applications.

SIGNATURE OF APPLICANT: ___________________________ DATE: ________ / ________ /20

APPLICANT CHECKLIST - PLEASE CHECK THAT YOU HAVE COMPLETED ALL SECTIONS
☐ Completed Sections A, B, C and research/thesis questions (where relevant)  ☐ Attached 2 written Academic references
☐ Completed Section D (signed and dated form)  ☐ Attached 1-2 page outline of proposed area of research
☐ Attached CV  ☐ Attached certified documents (including Academic Transcripts and/or Statement of Results)

FURTHER RESEARCH INFORMATION AT VICTORIA UNIVERSITY
Web: www.vu.edu.au/research
Email: pgresearch@vu.edu.au
TelephoneNumber: +613 9919 4522

POSTAL SUBMISSION
MAIL ADDRESS: “A125 Research Application”
Admissions Office
Victoria University
PO Box 14428
Melbourne VIC 8001

STUDENT SERVICE CENTRES
ON CAMPUS
City Flinders
Footscray Nicholson
Footscray Park
City King
St Albans
Warribee
Sunshine
Melton

IN PERSON SUBMISSION (ON CAMPUS)
STUDENT ENQUIRIES
CONTACT US
Email: ASKVU Question Tab www.vu.edu.au/askvu
Online Live Chat: ASKVU Chat Tab www.vu.edu.au/askvu
Telephone: Student Contact Centre +613 9919 6100
On Campus: Student Service Centres

ONLINE FUTURE STUDENT INFO
FUTURE STUDENT FAQS: GOTOVU www.vu.edu.au/gotovu
COURSES, APPLICATION INFO, UNITS OF STUDY, & FEES INFO: www.vu.edu.au/courses
“STUDY WITH US” FUTURE STUDENT PAGE: www.vu.edu.au/study-with-us

PRIVACY INFORMATION: We collect and protect your personal information in accordance with our university Privacy Policy (www.vu.edu.au/privacy).
SUPERVISION (TO BE COMPLETED BY THE SUPERVISOR)

Provisional supervisors are nominated at enrolment. Please note that the Principal Supervisor must be registered with the University.

VU CONNECT PERSON ID: __________________________ Nominated Principal Supervisor: __________________________ Title: __________________________

School/Centre/Institute: __________________________ Phone: __________________________

Please indicate the student’s course code:

Are you a registered supervisor at Victoria University?  □ YES □ NO

What is the number of research students (EFTSU) currently being supervised? __________________________

Is the applicant aligned to a University Area of Research Strength?  □ YES □ NO

For a list of Areas of Research Strengths, please visit www.vu.edu.au/research/research-strengths

Please list the area/s and provide a short statement declaring how this research project is aligned with a University Area of Research Strength:

SIGNATURE OF PROVISIONAL PRINCIPAL SUPERVISOR: __________________________ DATE: / / 20

Nominated Provisional Associate Supervisor: __________________________ Title: __________________________

VU CONNECT PERSON ID: __________________________ School/Centre/Institute: __________________________ Phone: __________________________

SIGNATURE OF PROVISIONAL ASSOCIATE SUPERVISOR: __________________________ DATE: / / 20

HEAD OF SCHOOL/CENTRE/INSTITUTE DECLARATION

Where the Principal Supervisor is also the Head of School/Centre/Institute then the Executive Dean or Associate Dean (R&RT) or their nominee is required to sign below.

1. I am satisfied that the applicant has adequate expertise/qualifications/ability to pursue the proposed program.
2. I approve the proposed research program.
3. I confirm that suitable facilities and adequate supervision are available for the full period of candidature.
4. I am satisfied that the applicant will be able to work regularly on his/her research and to maintain adequate contact with the supervisors.
5. I confirm that the codes shown are correct.

Name of Head of School/Centre/Institute:

SIGNATURE OF HoS/CENTRE/INSTITUTE: __________________________ DATE: / / 20

ADHERENCE TO UNIVERSITY ENROLMENT POLICY

1. I am satisfied that the applicant meets the criteria for the University’s Higher Degrees by Research Policy
2. I confirm that an appropriate Research Training Scheme, full-fee paying or fee-waiver place has been allocated to this applicant

Name of Associate Dean (R&RT):

SIGNATURE OF ASSOCIATE DEAN (R&RT): __________________________ DATE: / / 20

Name of Director of Postgraduate Research:

SIGNATURE OF DIRECTOR OF POSTGRADUATE RESEARCH: __________________________ DATE: / / 20

PRIVACY INFORMATION We collect and protect your personal information in accordance with our university Privacy Policy (www.vu.edu.au/privacy).