## 2024 DAWES SCHOLARSHIP

## Proposed Supervisors Report

To be completed by the applicant’s proposed Supervisor and emailed to [Health.CALHNResearchGrants@sa.gov.au](mailto:Health.CALHNResearchGrants@sa.gov.au) by **4 PM Monday 28 August 2023**

|  |  |
| --- | --- |
| **Applicant Name:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. |
| **Department:** | Click here to enter text. |
| **Institution:** | Click here to enter text. |

|  |
| --- |
| 1. ***Please give your assessment of the applicant’s academic performance (including comments on quality of published work, and applicant’s role in work published with co-authors):*** |
| Click here to enter text. |
| 1. ***Please give your assessment of the applicant’s ability in research suitability for research training, future career:*** |
| Click here to enter text. |
| 1. ***Does your department have the facilities and funding to support this proposal?*** |
| Click here to enter text. |
| 1. ***Do you judge the applicant to be suitable for a Dawes Scholarship?*** |
| Click here to enter text. |

## Proposed Supervisors Details

**Please provide a brief CV with the following details listed below attached to the assessment:**

* List the publications in refereed journals over the last 3 years.
* List external, peer-reviewed funding (past and present) over the last 3 years.

## Supervisor's Declaration

*I am willing to exercise supervision of the applicant and study. I have obtained the approval of the Department/Division Head in which the work will be carried out (where the Supervisor is not the Department/Division Head concerned)*

|  |  |
| --- | --- |
| Name: Click here to enter text. | Appointment/Title: Click here to enter text. |
| Tel: Click here to enter text. | Email: Click here to enter text. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | |

**APPLICATIONS CLOSE 4PM Monday 28 August 2023**

#### For more information

|  |  |  |
| --- | --- | --- |
| CALHN Research Services | | Level 3, Roma Mitchel House |
| T: (08) 7117 2217 | | 136 North Terrace |
| E: [Health.CALHNResearchGrants@sa.gov.au](mailto:Health.CALHNResearchGrants@sa.gov.au) | | ADELAIDE SA 5000 |
|  |  | | |
| © Central Adelaide Local Health Network. All rights reserved | | | |