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| **Centre for Brain Research** |
| **Māori PhD Scholarship Application**  *For further information please contact d.robinson@auckland.ac.nz*  **Closing date for applications: 1 Sept 2023**  *by email to d.robinson@auckland.ac.nz* |

*Tax-free stipend $28,984.50 plus fees ($7454.40) and Student Services Fee of 979.20. (Total $37418.10).*

**APPLICANT INFORMATION**

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| **Name** |  | | |
| **PO Box/Street number** |  | | |
| **Suburb** |  | | |
| **City and Country** |  | | |
| **Telephone** |  | **Mobile** |  |
| **Email** |  | | |
| **Are you a NZ citizen or permanent resident?** |  | | |
| **Highest tertiary qualification?** | *Degree, Institution (MM/YY)* | | |

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| Affiliation | | | |
| Iwi |  | Hapū |  |

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| Institution(s) where the proposed research will be undertaken | |
| Department(s) |  |
| Proposed Start Date |  |
| Proposed Duration (max 3 years) |  |

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| **Describe why you are interested in undertaking a PhD with CBR** (max 200 words) |
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| **Pepeha -** Please briefly introduce yourself in Māori |
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| **Engagement with Māori.** Please provide a brief summary of your engagement with Māori communities on campus and/or at home (whānau, marae, hapū, iwi) or how you plan to engage more with these communities over the course of your PhD (max 400 words) |
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| Project title (maximum 160 characters) |
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| **Supervisor Information** | |
| Name(s) |  |
| Department(s) |  |
| email |  |
| Proposed Start Date for scholarship |  |

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| **Proposed PhD supervisor(s)** please provide a letter of support from the proposed supervisor(s) |
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| **Academic Support: Other key collaborators in this research** (if applicable) | | |
| **Title, first name, surname** | **Role** | **Institution/Organisation** |
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| **Academic record and experience** – e.g. secondary NCEA qualifications, scholarship results, university scholarships and prizes. Please provide an official copy of your academic transcript. Summarise your University career so far and your intentions for the future. Outline other academic or research experience to date. |
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**OVERVIEW OF PROPOSED RESEARCH** (four page limit not including references).

Provide a summary of the proposed research, structured under the following headings. This section should contain some input from, and verification by, your proposed Supervisor**.**

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| Background and any relevant experience by the applicant |
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| Aims and objectives |
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| Research design and methods |
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| Potential outcomes and health significance |
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| **How will the research contribute to Māori health advancement?** |
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| Timeline for the project |
| **Year 1**  **Year 2**  **Year 3** |
| Dissemination of results |
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| An indication of iwi and/or community support for the research. |
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| **REFERENCES:** Asterisks are to be placed beside applicants’ publications. Provide references in full and state full authorship (for example not Smith et al). Endnote lists must be converted into plain text before pasting here. |
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| **Applicant Referee Nomination**Nominate one person, apart from your supervisor, whom CBR could contact to discuss your suitability for research training (you should first ascertain that they are willing to do this). | |
| **Referee name:** |  |
| **Full address** |  |
| **Telephone** |  |
| **Email** |  |
| **Area(s) of expertise** |  |
| **Relationship to applicant** |  |

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| **I have attached a copy of my current CV** |  |
| **I have attached a copy of my academic transcript** |  |

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| **Permission to distribute information** | | | |
| *I understand that the information that I have provided in this application, along with my CV and academic transcript, for the purposes of recruitment of PhD students. I give CBR permission to distribute this information to principal and associate investigators and administrative staff for evaluative and administrative purposes.* | | | |
| **Signature**  **(Applicant)** |  | **Date** |  |

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| **I confirm that any additional funds required to complete this project have been or will obtained.** | | | |
| **Signature**  **(Primary Supervisor)** |  | **Date** |  |
| **Signature**  **(Head of Department)** |  | **Date** |  |