

# APPLY FOR RESEARCH



**VICTORIA UNIVERSITY**  
MELBOURNE AUSTRALIA

(DOMESTIC STUDENTS ONLY)

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](http://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 – OPR TO COMPLETE THEN FORWARD TO AES FOR FURTHER PROCESSING							
RECEIVED (REC)	<input type="checkbox"/>	DATE	OFFER TYPE	<input type="checkbox"/> RTS <input type="checkbox"/> SPONSOR <input type="checkbox"/> FEE WAIVER <input type="checkbox"/> FULL FEE	ADMISSION BASIS	FUND SOURCE	FEE ASSESSMENT
OFFER PENDING (OFF)	<input type="checkbox"/>	DATE	OFFER TO BE MADE - NO CONDITIONS		<input type="checkbox"/>		
NO OFFER (REJ)	<input type="checkbox"/>		CONDITIONAL OFFER TO BE MADE		<input type="checkbox"/>	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

<p>1. Are you of Aboriginal or Torres Strait Islander origin?</p> <p>2 <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander</p> <p>3 <input type="checkbox"/> Yes, Aboriginal</p> <p>4 <input type="checkbox"/> Yes, Torres Strait Islander</p> <p>5 <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander</p>	<p>9. Please indicate your parents/guardians gender and highest level of education.</p> <p style="text-align: center;">Parent/Guardian 1      MALE      FEMALE      PLEASE CIRCLE</p> <p>20/40 <input type="checkbox"/> Postgraduate Qualification</p> <p>21/41 <input type="checkbox"/> Bachelor degree</p> <p>22/42 <input type="checkbox"/> Other post school qualification</p> <p>23/43 <input type="checkbox"/> Completed year 12 or equivalent</p> <p>24/44 <input type="checkbox"/> Did not complete year 12 or equivalent</p> <p>25/45 <input type="checkbox"/> Completed year 10 or equivalent</p> <p>26/46 <input type="checkbox"/> Did not complete year 10 or equivalent</p> <p>49/59 <input type="checkbox"/> Don't know</p> <p>98 <input type="checkbox"/> Not applicable</p>
<p>2. What is your Citizenship/Residence status?</p> <p>If your current citizenship/residency status is not listed below, DO NOT complete this form</p> <p>Please contact Victoria University International on +613 9919 1164 or email <a href="mailto:international@vu.edu.au">international@vu.edu.au</a></p> <p>1 <input type="checkbox"/> Australian Citizen</p> <p>2 <input type="checkbox"/> New Zealand Citizen living in Australia</p> <p>3 <input type="checkbox"/> Permanent Resident (other than Humanitarian) (complete Q3)</p> <p style="margin-left: 20px;">Date Granted <u>DD / MM / YY</u> Expiry Date <u>DD / MM / YY</u></p> <p>6 <input type="checkbox"/> Temporary Visa Holder (TAFE Only)</p> <p style="margin-left: 20px;">Date Granted <u>DD / MM / YY</u> Expiry Date <u>DD / MM / YY</u></p> <p>7 <input type="checkbox"/> Temporary Protection Visa holder (TAFE Only)</p> <p>8 <input type="checkbox"/> Permanent Humanitarian Visa holder</p> <p style="margin-left: 20px;">Date Granted <u>DD / MM / YY</u> Expiry Date <u>DD / MM / YY</u></p>	<p>10. Please indicate your parents/guardians gender and highest level of education.</p> <p style="text-align: center;">Parent/Guardian 2      MALE      FEMALE      PLEASE CIRCLE</p> <p>20/40 <input type="checkbox"/> Postgraduate Qualification</p> <p>21/41 <input type="checkbox"/> Bachelor degree</p> <p>22/42 <input type="checkbox"/> Other post school qualification</p> <p>23/43 <input type="checkbox"/> Completed year 12 or equivalent</p> <p>24/44 <input type="checkbox"/> Did not complete year 12 or equivalent</p> <p>25/45 <input type="checkbox"/> Completed year 10 or equivalent</p> <p>26/46 <input type="checkbox"/> Did not complete year 10 or equivalent</p> <p>49/59 <input type="checkbox"/> Don't know</p> <p>98 <input type="checkbox"/> Not applicable</p>
<p>3. If you have Permanent Residence status, which statement best describes your circumstance?</p> <p>1 <input type="checkbox"/> I am residing in Australia during the semester OR outside Australia as per the course requirement</p> <p>2 <input type="checkbox"/> I am residing outside Australia for the semester</p> <p>3 <input type="checkbox"/> On enrolment day I had permanent residency for more than 12 months</p>	<p>11. What was your highest educational participation prior to this course?</p> <p>02 <input type="checkbox"/> A complete Higher Education postgraduate level course</p> <p>03 <input type="checkbox"/> A complete Higher Education bachelor level course</p> <p>04 <input type="checkbox"/> A complete Higher Education sub-degree level course</p> <p>05 <input type="checkbox"/> An incomplete Higher Education course</p> <p>07 <input type="checkbox"/> A complete final year of secondary education at school or TAFE</p> <p>08 <input type="checkbox"/> Other qualification, complete or incomplete</p> <p>09 <input type="checkbox"/> No prior educational attainment</p> <p>10 <input type="checkbox"/> A complete VET award course</p> <p>11 <input type="checkbox"/> An incomplete VET award course</p> <p style="text-align: right;">Year completed (or last year attempted): <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span></p>
<p>4. In what country is your permanent home address?</p> <p><input type="checkbox"/> Australia      Postcode: _____</p> <p><input type="checkbox"/> Overseas      Name of Country: _____</p>	<p>12. What is the highest level of secondary education you have attempted or completed? Refer Sec-Ed Aust</p> <p>V <input type="checkbox"/> Year 12/VCE (or equivalent)</p> <p>H <input type="checkbox"/> Year 12/HSC (or equivalent)</p> <p>Y <input type="checkbox"/> Year 11</p> <p>Y <input type="checkbox"/> Year 10</p> <p>Y <input type="checkbox"/> Year 9</p> <p>Y <input type="checkbox"/> Year 8 or lower</p> <p>I <input type="checkbox"/> International Baccalaureate IB</p> <p style="text-align: right;">Year: <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span></p>
<p>5. In what country is your residence during the year?</p> <p><input type="checkbox"/> Australia      Postcode: _____</p> <p><input type="checkbox"/> Overseas      Name of Country: _____</p>	<p>Details of your final or current year of attendance:      Year: <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span></p> <p>Name of School: _____ State: _____</p>
<p>6. In what country were you born?</p> <p>1100 <input type="checkbox"/> Australia</p> <p><input type="checkbox"/> Country _____ Year of Arrival _____</p>	<p>Where was your permanent home residence during your final year of study?</p> <p>Postcode: _____ Country: _____</p>
<p>7. Do you speak a language other than English at home?</p> <p>0001 <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      Language: _____</p>	<p>Was the final year completed?      YES      NO      ATAR (or equiv.) _____</p>
<p>8. If you have completed Year 12, please indicate your permanent home residence during that year.</p> <p>Postcode: _____</p> <p>Suburb / Town: _____</p>	

**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](http://www.employment.vic.gov.au) or telephone 1800 042 745. Your application is unlikely to be considered until all certified documentation is received.

FULL NAME OF QUALIFICATION	MAJOR AREA OF STUDY	FULL NAME OF INSTITUTION	STATE/COUNTRY

#### PREVIOUS THESES

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: \_\_\_\_\_

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#### 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.**

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#### RESEARCH PROGRAM

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

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#### RESEARCH SUPPORT

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

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## 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

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Sections A, B, C and research/thesis questions (where relevant) | <input type="checkbox"/> Attached 2 written Academic references  |
| <input type="checkbox"/> Completed Section D (signed and dated form)                               | <input type="checkbox"/> Attached 1-2 page outline of proposed area of research                                    |
| <input type="checkbox"/> Attached CV   | <input type="checkbox"/> Attached certified documents (including Academic Transcripts and/or Statement of Results) |

**THIS IS THE END OF THE APPLICANT PART OF THE FORM**

### FURTHER RESEARCH INFORMATION AT VICTORIA UNIVERSITY

Web: [www.vu.edu.au/research](http://www.vu.edu.au/research)

Email: [pgresearch@vu.edu.au](mailto:pgresearch@vu.edu.au)

Telephone: +613 9919 4522

#### POSTAL SUBMISSION

##### MAIL ADDRESS:

"A125 Research Application"  
Admissions Office  
Victoria University  
PO Box 14428  
Melbourne VIC 8001

#### IN PERSON SUBMISSION (ON CAMPUS)

##### STUDENT SERVICE CENTRES

City Flinders	Footscray Nicholson
Footscray Park	City King
St Albans	Werribee
Sunshine	Melton

#### STUDENT ENQUIRIES

##### CONTACT US

Email:	<b>ASKVU</b> Question Tab <a href="http://www.vu.edu.au/askvu">www.vu.edu.au/askvu</a>
Online Live Chat:	<b>ASKVU</b> Chat Tab <a href="http://www.vu.edu.au/askvu">www.vu.edu.au/askvu</a>
Telephone:	<b>Student Contact Centre</b> +613 9919 6100
On Campus:	<b>Student Service Centres</b>

#### ONLINE FUTURE STUDENT INFO

##### FUTURE STUDENT FAQs:

**GOTOVU** [www.vu.edu.au/gotovu](http://www.vu.edu.au/gotovu)

COURSES, APPLICATION INFO,  
UNITS OF STUDY, & FEES INFO:

[www.vu.edu.au/courses](http://www.vu.edu.au/courses)

"STUDY WITH US"

FUTURE STUDENT PAGE:

[www.vu.edu.au/study-with-us](http://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](http://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](http://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](http://www.vu.edu.au/privacy)).