

HDR Payment Starting Advice



Student Details

STUDENT ID	SURNAME	GIVEN NAME/S
<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT EMAIL	CONTACT NUMBER (REQUIRED)	
<input type="text"/>	<input type="text"/>	
PERSONAL EMAIL (REQUIRED)	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
<input type="text"/>		

AUSTRALIAN BANKING DETAILS

NAME OF AUSTRALIAN FINANCIAL INSTITUTION	BRANCH
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	BSB NUMBER
<input type="text"/>	<input type="text"/>
ACCOUNT NAME	
<input type="text"/>	

STUDENT DECLARATION (please tick each relevant statement)

I acknowledge that failure to submit this information in a timely manner, may delay the commencement of payments.

I confirm that the information I have provided on this application including any supporting documentation, is true and accurate to the best of my knowledge.

I am submitting this form for the payment of a HDR scholarship; or a HDR grant or support payment. NAME OF GRANT/SUPPORT _____

Student Signature: _____ **Date submitted:** _____

Please return this completed form to roc.grs@curtin.edu.au