

HDR Internship Completion Form



HDR Research Internship support funds are for PhD students only. Before completing this form, please read the guidelines.

PHD STUDENT DETAILS	
STUDENT ID	STUDENT EMAIL
SURNAME	GIVEN NAME/S
ENROLLING AREA (e.g. School of Public Health)	FACULTY
NAME OF PRINCIPAL SUPERVISOR	
INTERNSHIP DETAILS & FINAL SUPPORT PAYMENT CRITERION	
Research end user (partner organization)	Name:
Internship completion	Date:
<input type="checkbox"/> Internship duration was for a minimum of 3 months with 60 full time equivalent days of engagement	
<input type="checkbox"/> Internship was completed with the eligible research end user stated above	
<input type="checkbox"/> Internship was in a cognate area to my research program	
Please verify your final payment. If unsure, refer to your Milestone 1 or 2 completed application forms for agreed payment method.	
<input type="checkbox"/> Option 1 , final <u>split</u> payment between enrolling school and student to be made to the <u>student</u>	Banking details form to be completed and returned if your details have changed since the initial payment was made.
<input type="checkbox"/> Option 2 , final payment to student	
<input type="checkbox"/> Option 3 , final payment to enrolling school	School Cost centre to be provided by supervisor.
<input type="checkbox"/> Option 4 , final payment to be made at M3	Payment as per the request at Milestone 1 or Milestone 2.
INTERNSHIP TASKS AND LEARNING OUTCOMES	
Please provide a short summary of your internship experience, detailing the benefits and outcomes.	
STUDENT DECLARATION	
Please tick each statement	
<input type="checkbox"/> I have read the guidelines and understand the conditions of the internship support payment. I consent to the collection, use, storage and disclosure of my personal information by Curtin University's general administrative purposes which includes communications involving surveys.	
<input type="checkbox"/> 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.	
Student Signature: _____ Date: _____	
SUPERVISOR DECLARATION	
<input type="checkbox"/> The research internship opportunity has been completed and is compliant with the RTP requirements (eg: greater than 60 days and with an appropriate research end user). The supervisory team supports and agrees with the internship payment method stated above. If options 3 has been selected, please provide enrolling school cost centre details: _____	
Supervisor Signature: _____ Date: _____	

This form is to be submitted ROC.Excellence@curtin.edu.au.