

## Request for Overseas Travel/Data Collection for HDR Scholarship Holders

## Higher Degree by Research Students

- This form is for current HDR Scholarship holders who require approval for overseas travel/data collection for an extended period whilst in receipt of a HDR Scholarship.
- Please check with the conditions of award for your scholarship before completing this form. Only
  complete form if your conditions of award allow you to collect data overseas. A maximum total
  of 12 months overseas travel may be approved for the duration of your award.
- Please submit form WITH required supporting documentation. Any missing documentation may result in delay with your application.

1. STUDENT D	ETAILS					
Student ID Number		Title		Ms Other		
Family Name			Given Name			
Email Address						
Name of Scholarsh	ip					
Scholarship Start Date: (to be eligible you must have been enrolled in your course for 12 months)		(DD/MM/YY)				
Have you gained candidacy?		Yes	No (you cannot seek overseas travel)			
Do you have Ethics approval?		Yes	No (please provide reason below)			
Have you been granted overseas travel previously?						
Yes For he	ow long? (in months	5)	No			
Please specify travel dates and destination (country) for this application						
Departure Date:						
Return Date:  (DD/MM/YY)  (DD/MM/YY)						
Destination (Country	)	(22,1010) 11	,			

Has your travel been approved by your Faculty Travel Coordinator\* (all students) and International Student Visa Officer\*\* (International students only)?

Yes No (you cannot seek overseas travel)

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<sup>\*</sup>Depending on the country you wish to travel to, you may require risk assessment for Curtin Insurance purposes.

<sup>\*\*</sup>International students must provide supporting documentation from a Visa Officer.

2.	Please outline research proje	se outline the purpose of the overseas travel and how it will benefit your arch project.				
<ol> <li>Statement from SUPERVISOR - Please outline how the student will be supervised whilst overseas and the benefit/s the travel will have on the student's research project.</li> </ol>						
Name	of Supervisor					
Signat	ure of Superviso	or	Date	(DD/MM/VV)		
4. Applicant's Declaration						
relevar	nt sections of the	tion supplied by me on this form is comp Conditions of Award for my scholarship re submitting this request.				
Signat	ure of Student		Date			
				(DD/MM/YY)		
Please forward completed and signed form to the Graduate Research School Email: <u>Research Scholarships@curtin.edu.au</u>						
5. ADVC-Research Training to complete this section (office use only)						
	Approved	☐ Not approved				
Commo	ents					
Signatu	re of ADVC-RT		Date			

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