**Student Name**: Click here to enter text. **Student Number**: Click here to enter text.

**Program:** Choose an item.

Application for: [ ] 6 UoC [ ] 12 UoC [ ]  18 UoC

Enrolment: [ ]  Full-time[ ]  Part-time (2 Terms) [ ]  Part-time (3 Terms)

Term/s: …………………………………. Year: …………………………………

**Supervisor Name**: Click here to enter text. **Email (if not SPHCM)**: Click here to enter text.

**Co-supervisor Name (optional)**: Click here to enter text. **Email (if not SPHCM)**: Click here to enter text.

*\*Note: at least one supervisor must be a SPHCM academic*

**Examiner Name\*:** Click here to enter text. **Email (if not SPHCM)**: Click here to enter text.

**Project Title**: Click here to enter text.

*\*provide email confirmation from examiner*

**Supervisors to complete: Yes No**

***Has the student completed at least 18 units of credit with a distinction average?***[ ]  [ ]

***Does this project require ethics approval?***

*No, ethics approval already obtained (Attach ethics approval letter to application)* [ ]

 *Which ethics approval was obtained:* Negligible risk [ ]

 Low risk [ ]

 More than low risk [ ]

*No, ethics approval is not required for this project* [ ]

 *Outline why ethics is not required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Yes, ethics approval will be sought\*\*:*  [ ]

 *Which ethics approval is required:* Negligible risk [ ]

 Low risk [ ]

 More than low risk [ ]

 *Expected ethics submission date: \_\_/\_\_/\_\_*

***Is data collection complete or data currently available to the student?*** [ ]  [ ]

*If no, expected date that data will be available to student: \_\_/\_\_/\_\_*

*\*\*Note: Ethics must be approved before commencement of a research project to be completed in a single term. For enrolment in the 12UOC or 18UOC research projects over 2 or 3 terms, low risk or more than low risk ethics must be approved by the HREC before commencement.*

|  |
| --- |
| **Title:** |
| **BACKGROUND** |
|  |
| **PROJECT AIM / RESEARCH QUESTION** |
|  |
| **METHODOLOGY** |
| **Method:** |  |
|  |
| **Participants:** |
|  |
| **Data analysis:** |
|  |
| **Community consultation (if appropriate):** |
|  |
| **SIGNIFICANCE OF THE RESEARCH** |
|  |
| **PROJECT OUTPUT/S**Students are required to submit a project report for assessment. Please describe any planned contribution to published outputs from the project (highly encouraged).  |
|  |
| **ETHICS** Provide details of the existing ethics approval/s for the project and any additional amendments/approvals required for the student project (including timelines for planned submission). |
|  |
| **KEY TASKS AND TIMEFRAME** Outline the timeframe for undertaking key project tasks during the enrolment period. Note that 6UoC is equivalent to 10 weeks full-time (or one Term).  |
| Example project timeline:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tasks | **Prior** | **Wk1** | **Wk2** | **Wk3** | **Wk4** | **Wk5** | **Wk6** | **Wk7** | **Wk8** | **Wk9** | **Wk10** |
| Ethics |  |  |  |  |  |  |  |  |  |  |  |
| Lit. rev. |  |  |  |  |  |  |  |  |  |  |  |
| Data analysis plan draft |  |  |  |  |  |  |  |  |  |  |  |
| Clean/ prep data |  |  |  |  |  |  |  |  |  |  |  |
| Analyse data |  |  |  |  |  |  |  |  |  |  |  |
| Draft report |  |  |  |  |  |  |  |  |  |  |  |

  |
| **KNOWLEDGE / SKILL ACQUISITION** Describe key research knowledge and skills that will be developed during the project.  |
|  |
| **PROJECT FEASIBILITY** Provide a statement re. the feasibility of completing the key project tasks within the project timelines. Consider the student knowledge/skillset at enrolment, anticipated knowledge/skill acquisition during the course, supervision to support knowledge/skill acquisition, and other potential barriers to completing project tasks within the enrolment period. |
|  |
| **REFERENCES** |
|  |

Student signature: …………………………… Date: ………………………………

Supervisor signature: …………………………… Date: ………………………………

Research Project Co-ordinator signature: ……………………… Date: ………………………………

Once your application is approved, please email a soft copy of the form and proposal to v.green@unsw.edu.au so that your enrolment can be processed.