

NDARC HDR Enrolment Expression of Interest

Name	
Contact Number	
Email	
Potential Supervisor/s	

Please select your area/s of research interest:

- | | |
|--|---|
| <input type="checkbox"/> Prevention and early intervention | <input type="checkbox"/> Justice health and drug policy |
| <input type="checkbox"/> Clinical research | <input type="checkbox"/> Indigenous health |
| <input type="checkbox"/> Physical and mental comorbidity | <input type="checkbox"/> Health economics and biostatistics |
| <input type="checkbox"/> Epidemiology of substance use and harms | <input type="checkbox"/> Family, communities and society |

Proposed research project title or topic:

Please list your Academic Qualifications and the year/s you obtained them:

Please describe any research experience relevant to this application:

Please describe any work experience relevant to this application: