

PRS Application Form 2024

Form Preview

Applicant Details

* indicates a required field

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

Female Male Other:

Are you of Aboriginal and/or Torres Strait Islander origin? *

Yes, I am of Aboriginal origin
 Yes, I am of Torres Strait Islander origin
 Yes, I am of both Aboriginal and Torres Strait Islander origin
 No
 Prefer not to disclose

Employment Details

QH Employee ID *

Please enter your employee number (i.e. 00123456)

Professional Stream *

Medical Services Allied Health Nursing & Midwifery Other:

Position Title *

Position Level/Grade *

Department or Unit *

Facility or Service *

FTE *

Must be a number.

Employment Status *

Permanent Temporary

If temporary, please specify the duration of your temporary employment

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Resume/CV *

Attach a file:

A maximum of 1 file may be attached. Maximum 2 pages. Upload as PDF only.

Contact Details

Mobile Phone Number *

Must be an Australian phone number.

Alternate Phone Number

Must be an Australian phone number.

Queensland Health Email *

Must be an email address.

Preferred Email (if different from above)

Must be an email address.

Research Higher Degree

* indicates a required field

Research Higher Degree Eligibility

Please provide information on the planned RHD enrolment and how you meet the institution's eligibility criteria.

Research Higher Degree *

Masters

Masters with possible upgrade to PhD

PhD

Proposed Institution & Division *

Outline the Institutional RHD eligibility criteria *

Copy and paste from the institutional website and provide a link to the source page as evidence

Outline how you currently meet the above requirements

Provide evidence / information to demonstrate that you would be eligible to enrol in the RHD

Other Funding Applications / Sources

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Have you applied for, or been successful in applying for any funding (e.g. scholarships, fellowships, grants) for this research project? *

Yes

No

If yes, please provide details. If applicable, include when you may find out if you have been successful.

Research Higher Degree Planning

List potential supervisors or collaborations that you have identified for your RHD (max. 3). Please indicate the background/skills/expertise that they would bring to your project.

Supervisor 1 *

Title

First Name

Last Name

Institution and Division *

Have you discussed RHD enrolment with them? *

Yes

No

Comment *

Word count:

Must be no more than 100 words.

Supervisor 2

Title

First Name

Last Name

Institution and Division

Have you discussed RHD enrolment with them? *

Yes

No

Comment

Word count:

Must be no more than 100 words.

Supervisor 3

Title

First Name

Last Name

Institution and Division

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Have you discussed RHD enrolment with them?

Yes

No

Comment

Word count:

Must be no more than 100 words.

Details of any steps taken to date to develop research knowledge, skills and/or experience.

Word count:

Must be no more than 150 words.

Proposed Research Project

Research Topic / Area *

Background *

Word count:

Must be no more than 150 words.

Proposed aims / research questions *

Word count:

Must be no more than 150 words.

Proposed methodology *

Word count:

Must be no more than 150 words.

Anticipated benefits for patients *

Word count:

Must be no more than 150 words.

Alignment with Metro North Strategic Plan (2020-2024) and Metro North Research Strategy 2023-2027

Word count:

Must be no more than 150 words.

Details of any activities undertaken to date in relation to the research project

Word count:

Must be no more than 250 words.

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Proposed Study Plans

Committing to a Research Higher Degree often involves a period of study between 2-4 years full-time or 4-8 years part-time. Please provide information on how you plan to complete your Research Higher Degree over this time period.

Primary enrolment mode *

Full-time

Part-time

Estimated number of years of study *

Must be a number.

Outline your plans to support your study throughout the years of your RHD (e.g. seeking other scholarships/ grants, leave without pay, SARAS leave etc.) *

Word count:

Must be no more than 200 words.

Certification and Signatures

Instructions

1. Download the [Certification and Signatures](#) template document from the Metro North Pre-RHD Scholarships webpage.
2. The full name of the applicant and the Head of Department must be typed into the document.
3. Both the applicant and Head of Department must sign and date the document to certify the application.
4. Upload a scanned copy in PDF format.

Certification Page Upload

Attach a file: