

# 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 DETAILS

Student ID Number  Title ☐ Mr ☐ Ms Other

Family Name

Given Name

Email Address

Name of Scholarship

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 *(you cannot seek overseas travel)*

Have you been granted overseas travel previously?

☐

Yes

For how long? *(in months)*

☐

No

Please specify travel dates and destination (country) for this application

Departure Date:

*(DD/MM/YY)*

Return Date:

*(DD/MM/YY)*

Destination *(Country)*

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)*

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

\*\*International students must provide supporting documentation from a Visa Officer.

**2. Please outline the purpose of the overseas travel and how it will benefit your research project.**

**3. 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.**

**Name of Supervisor**

**Signature of Supervisor**

**Date**

(DD/MM/YY)

**4. Applicant's Declaration**

*I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the Conditions of Award for my scholarship. I have discussed this application with my supervisor before submitting this request.*

**Signature of Student**

**Date**

(DD/MM/YY)

*Please forward completed and signed form to the Graduate Research School*

*Email: [Research\\_Scholarships@curtin.edu.au](mailto:Research_Scholarships@curtin.edu.au)*

**5. ADVC-Research Training to complete this section (office use only)**

☐ Approved

☐ Not approved

**Comments**

**Signature of ADVC-RT**

**Date**