2025 DAWES SCHOLARSHIP

Honours Supervisors Report

|  |  |
| --- | --- |
| **Applicant Name:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. |
| **Department:** | Click here to enter text. |
| **Institution:** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. ***Is this student in the top of those you have supervised*** | **5%** | **10%** | **25%** | **50%** |
| 1. ***Please comment on this students ability to work independently:*** | | | | |
| Click here to enter text. | | | | |
| 1. ***Please comment on this students ability to understand background literature:*** | | | | |
| Click here to enter text. | | | | |
| 1. ***Please comment on this students ability to communicate:*** | | | | |
| Click here to enter text. | | | | |
| 1. ***Please add any other comments you think are relevant:*** | | | | |
| Click here to enter text. | | | | |

## Supervisor's Signature

|  |  |
| --- | --- |
| Name: Click here to enter text. | Appointment/Title: Click here to enter text. |
| Tel: Click here to enter text. | Email: Click here to enter text. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | |

#### For more information

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| --- | --- | --- |
| Research Services | Level 3, Roma Mitchel House | |
| T: (08) 7117 2217 | 136 North Terrace | |
| E: [Health.CALHNResearchGrants@sa.gov.au](mailto:Health.CALHNResearchGrants@sa.gov.au) | ADELAIDE SA 5000 | |
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