## 2025 DAWES SCHOLARSHIP

## Proposed Supervisors Report

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| --- | --- |
| **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. ***Please give your assessment of the applicant’s academic performance (including comments on quality of published work, and applicant’s role in work published with co-authors):***
 |
| Click here to enter text. |
| 1. ***Please give your assessment of the applicant’s ability in research suitability for research training, future career:***
 |
| Click here to enter text. |
| 1. ***Does your department have the facilities and funding to support this proposal?***
 |
| Click here to enter text. |
| 1. ***Do you judge the applicant to be suitable for a Dawes Scholarship?***
 |
| Click here to enter text. |

## Proposed Supervisors Details

**Please provide a brief CV with the following details listed below attached to the assessment:**

* List the publications in refereed journals over the last 3 years.
* List external, peer-reviewed funding (past and present) over the last 3 years.

## Supervisor's Declaration

*I am willing to exercise supervision of the applicant and study. I have obtained the approval of the Department/Division Head in which the work will be carried out (where the Supervisor is not the Department/Division Head concerned)*

|  |  |
| --- | --- |
| 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  | ADELAIDE SA 5000 |
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