



PHCM9148 - Research Project (6 UoC)  
 PHCM9150 - Research Project (18 UoC)  
 PHCM9151/PHCM9152 - Research Project (9 UoC)  
**APPLICATION FORM**

Never Stand Still

Medicine

School of Public Health and Community Medicine

**Student Name:**

**Student Number:**

**Program:**

**I propose the following UoC project:**

6 UoC

18 UoC

18 UoC to be completed over 2 semesters (Project A 9 UoC and Project B 9 UoC)

**Project Title:**

My proposed supervisor is:

My proposed examiner/marker is:

Semester:

Year:

Approved by Program Director Yes      No	Approved by Supervisor Yes      No
Signed: .....	Signed: .....
Date:	Date:

Please attach a brief (1-2 pages) proposal detailing:

- Specific topic area
- Outline of method
- Proposed workload (hours per week, assignments)
- Any other research courses you have taken or are taking as part of this or other postgraduate degrees
- Ethical considerations (including details of ethics approval, if applicable)

Once your application is approved, please email the form to [postgrad-sphcm@unsw.edu.au](mailto:postgrad-sphcm@unsw.edu.au) so that your enrolment can be processed.

# Checklist: Research Project

## To be completed by all coursework students undertaking Research Projects, either based at UNSW, or at another organisation

Activities to be completed by candidate with workplace Supervisor or delegate		
√	n/a	<b><u>Important Policy and Procedure</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Code of Conduct & Research Code of Conduct
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Health & Safety policies
<input type="checkbox"/>	<input type="checkbox"/>	Emergency procedures
<input type="checkbox"/>	<input type="checkbox"/>	Discrimination and Harassment Grievance procedures
<input type="checkbox"/>	<input type="checkbox"/>	Conflict of Interest Policy
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual Property Policy
√	n/a	<b><u>Research Area Orientation</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Introduced to the person they report to on a day to day basis and immediate co workers
<input type="checkbox"/>	<input type="checkbox"/>	Access to work/research area completed
<input type="checkbox"/>	<input type="checkbox"/>	Tour of research area provided including whereabouts of amenities
<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation procedures explained
<input type="checkbox"/>	<input type="checkbox"/>	First Aid information explained
<input type="checkbox"/>	<input type="checkbox"/>	Key Health and Safety information explained
<input type="checkbox"/>	<input type="checkbox"/>	Any workplace related risk assessments
<input type="checkbox"/>	<input type="checkbox"/>	Introduced to personal work space
<input type="checkbox"/>	<input type="checkbox"/>	Shown how to operate key equipment
<input type="checkbox"/>	<input type="checkbox"/>	Identify and discuss essential operating policies and who to ask for help
√	n/a	<b><u>Research Performance</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Risk Assessments done
<input type="checkbox"/>	<input type="checkbox"/>	Ethics Application
<input type="checkbox"/>	<input type="checkbox"/>	Responsibilities and objectives of research explained

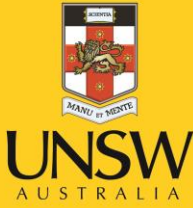
The completed form needs to be forwarded to [postgrad-sphcm@unsw.edu.au](mailto:postgrad-sphcm@unsw.edu.au) prior to the commencement of research project

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor or Delegate: \_\_\_\_\_

Date: \_\_\_\_\_



# STUDENT CONTACT DETAILS

Never Stand Still

Medicine

School of Public Health and Community Medicine

**Student Name:**

**Student Number:**

**Email Address:**

**Contact number:**

Emergency Contacts	
Primary Contact	Secondary Contact
Name	Name
Relationship	Relationship
Address 1	Address 1
Address 2	Address 2
Suburb/Town	Suburb/Town
State	State
Postcode	Postcode
Country	Country
Phone	Phone
Other Phone	Other Phone

Title of Research:

Commencement date of Research..... Finish date of Research .....

√ n/a

Attached completed Risk Assessment(s) (UNSW or external organisation)

Attached completed Ethics Application

Contact details information form must be returned to [postgrad-sphcm@unsw.edu.au](mailto:postgrad-sphcm@unsw.edu.au) prior to the commencement of your research project.