COVER SHEET Health Sciences Dunedin-Based Summer Research Scholarships 2023/2024

Application to the Summer Research Scholarship Programme (OMRF, Division of Health Sciences, BMS, DSM).

Details of funded summer research project; for quality assurance purposes.

STUDENT TO COMPLETE

Personal information				
First name(s)		Last name		
University email address		ID number		
Degree of current enrolment (BHealSc, BSc Anatomy, MB ChB,)		Current year of degree (e.g. 3, 4)		
2024 study plan (e.g. 3rd year, postgraduate, honours,)				
REMINDER: Master students and PhD candidates are not eligible for summer research scholarships.				
Summer research project information				
Title of the project				
I agree to present my research in a public forum if requested and appropriate to do so. (please tick)				
l am continuing tertiary study next year. (please tick)				
I will provide a final report at the end of my scholarship. (please tick)				
Student's Signature			Date	

PRIMARY SUPERVISOR TO COMPLETE

Personal information					
Name				Mentor (if applicable)	
Department and/or School					
Name(s) of any secondary supervisor(s)					
Department(s) and/or School(s) of secondary supervisor(s)					
DHB staff involved in the project?	Yes	No	If yes, please provide name(s)		
Summer research project information					
Summer project start date				NOTE: latest start	date is 20 November 2023
Students will not be permitted to undertake a project that has not commenced by 20 November*. This is to protect students who are returning to academic programmes in 2024 and to protect the academic integrity of the programme, which requires a full 10 weeks of work.					

Has ethical (EPA, Animal Ethics o	r Human Ethics as appropriate) app	oroval beer	n obtained?	
Yes. REF#	<u>and</u> pr	ovide a co	py of approval letter with app	lication.
No, we will apply soon. Et	hics application(s) will be submitte	ed on		
Not required. Provide a sta	tement justifying why ethics appro	val is not	required below.	
Supervisor's ethics stateme	e nt (if applicable)			
			N	
Will the student be working with animals? (Animal Welfare Office purposes) Yes No				No
Is Te Whatu Ora - Southern locality approval in place with Health Research South?				
Yes. HRS project ID# <u>and</u> provide a copy of Locality Authorisation letter with application.				
No, we will contact Health F	Research South soon.			
Not required. The project does not involve patients, medical records, Te Whatu Ora - Southern staff time or resources.				
l understand that paymen start date. (please tick)	ts will only be made once ethics a	nd locality	authority (if needed) are in pl	ace before the
Source of funding for the student's stipend (write "NA" if applying to the SRS Programme)				
Please declare any conflict of interest*				
Supervisor's Signature				
, , , , , , , , , , ,	Signature	Name		Date
I confirm I will be available to the student during the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the student during the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the student during the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will provide cover (i.e. a secondary supervisor) if absent for short durations (no more than 30% of the scholarship period or will pe				

MENTOR TO COMPLETE - only required if the primary supervisor is a Postdoctoral Fellow

Endorsed by	I confirm that I support the above project and that I take responsibility for all required approvals to be in place before the project can start (ethics, locality assessment,)				
	Signature	Name	Date		

duration of the scholarship). All secondary supervisors are named on this cover sheet.

HOD/DEAN TO COMPLETE

Endorsed by	I confirm I support the above project and that Departmental/School resources are available to support this summer research project.				
	Signature	Name	Date		

* For more information please see Handbook.