

AOA Research Requirements: PhD Pathway Application Form

This form is to be used by trainees to seek approval to undertake the PhD Pathway.

Please return this form via email to research@aoa.org.au.

Full name	
Stage of training	
Training region (please select)	<input type="checkbox"/> NS <input type="checkbox"/> NC <input type="checkbox"/> VIC/TAS <input type="checkbox"/> WA <input type="checkbox"/> SS <input type="checkbox"/> QLD <input type="checkbox"/> SA/NT
Title of proposed research project	
Proposed PhD pathway training site	
University name	
Name and position of primary supervisor	
Name and position of co-supervisor	
Intended start date of PhD	
Intended completion date	
Do you intend to drop back to an 0.5 training load? If so, please note your intended start date (must be during Core)	

Background to the research project, including brief literature review

Research design – description and rationale for study design, data collection, statistical analysis

Significance of the project to orthopaedics

Timetable/plan – expected stages/times for completion

Supporting Documentation

The following documentation must be included with your application:

- Curriculum vitae, including academic record and a full list of previous research experience (presentations, publications, etc.)
- Letter of support from proposed PhD pathway training site signed by the Director of Training and the Head of Department
- Letter of support from proposed primary PhD supervisor

Declaration

Trainee Declaration: All information I have provided to support this application is true and correct. I authorise AOA to make any enquiries necessary to assist in the assessment and verification of this application, and to use any information supplied in this application for that purpose.

Trainee name	
Signature	
Date	

Primary Supervisor Declaration: I have reviewed this research proposal and I confirm that I am willing and able to supervise this project to completion.

Supervisor name	
Signature	
Date	

Co-supervisor Declaration: I have reviewed this research proposal and I confirm that I am willing and able to supervise this project to completion.

Supervisor name	
Signature	
Date	