

# Request for Overseas Travel/Data Collection for HDR Scholarship Holders

## Higher Degree by Research Students

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- This form is for current HDR Scholarship holders who require approval for overseas travel/data collection for an extended period whilst in receipt of a HDR Scholarship.
- Please check with the conditions of award for your scholarship before completing this form. Only complete form if your conditions of award allow you to collect data overseas. A **maximum total of 12 months** overseas travel may be approved for the duration of your award.
- Please submit form WITH required supporting documentation. Any missing documentation may result in delay with your application.

### 1. STUDENT DETAILS

**Student ID Number**  **Title** Mr Ms Other \_\_\_\_\_

**Family Name**  **Given Name**

**Email Address**

**Name of Scholarship**

**Scholarship Start Date:**   
(to be eligible you must have been enrolled in your course for 12 months)  
(DD/MM/YY)

**Have you gained candidacy?** Yes No *(you cannot seek overseas travel)*

**Do you have Ethics approval?** Yes No *(please provide reason below)*

**Have you been granted overseas travel previously?**  
 Yes *For how long? (in months)* No

**Please specify travel dates and destination (country) for this application**

**Departure Date:**   
(DD/MM/YY)

**Return Date:**   
(DD/MM/YY)

**Destination (Country)**

**Has your travel been approved by your Faculty Travel Coordinator\* (*all students*) and International Student Visa Officer\*\* (*International students only*)?**

Yes No *(you cannot seek overseas travel)*

\*Depending on the country you wish to travel to, you may require risk assessment for Curtin Insurance purposes.

\*\*International students must provide supporting documentation from a Visa Officer.

**2. Please outline the purpose of the overseas travel and how it will benefit your research project.**

**3. Statement from SUPERVISOR - Please outline how the student will be supervised whilst overseas and the benefit/s the travel will have on the student's research project.**

Name of Supervisor

Signature of Supervisor

Date

(DD/MM/YY)

**4. Applicant's Declaration**

*I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the Conditions of Award for my scholarship. I have discussed this application with my supervisor before submitting this request.*

Signature of Student

Date

(DD/MM/YY)

*Please forward completed and signed form to the Graduate Research School  
Email: [Research\\_Scholarships@curtin.edu.au](mailto:Research_Scholarships@curtin.edu.au)*

**5. ADVC-Research Training to complete this section (office use only)**

Approved

Not approved

Comments

Signature of ADVC-RT

Date