**Child Injury Prevention Foundation**

**of New Zealand**

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**SUMMER SCHOLARSHIP**

**APPLICATION FORM**

**(Must be completed in full)**

Surname: ................................... First Name(s):.....................................................

Term Address: …………………………………………………………………..………

……………………………………………………………………………………………..

Summer Address: ………………………………………………………………………

…………………………………………………………………………………………….

Telephone Numbers: Day ............................. Evening..........................................

Mobile…………………………. Email………………………………………………......

Discipline (e.g. Engineering, Health, Education) ..................... Year of study........

Details of any research scholarships you have previously received:

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Details of any other research scholarships for which you are applying this year:

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Are you in receipt of any other funding by way of grant or scholarship for the proposed project?

Yes No

Signature of Applicant: .............................................................. Date: / /2017

Attach details of the proposed project as per the Format for Application.

**Child Injury Prevention Foundation**

**of New Zealand**

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# SUMMER RESEARCH SCHOLARSHIP

**FORMAT FOR APPLICATION**

1. Title of proposed research project.
2. Name of Supervisor/s.
3. Name of Department/s.
4. Brief review of the field which covers the proposed project. This should be written by the applicant and be limited to 300-500 words, i.e. not more than two double spaced typed A4 pages. The applicant may consult with the supervisor to obtain important references, and for advice on the final presentation of the review.
5. Proposed project. This section should not exceed 600 words and should be written by the applicant with the close co-operation of the supervisor. **It should not only address what you propose to do, but why the project is necessary, and what benefit(s) you expect to result.** All relevant information concerning availability of any necessary facilities etc should be included.
6. If the proposed project requires ethical approval, supervisors must ensure that any such approval has been obtained before work on the project commences.

Send seven copies (together with an electronic copy) of the application, the letter of support from the proposed supervisor (endorsed where applicable by the departmental head) and a copy of your academic record certified by your proposed supervisor to:

Dr D C Geddis

Honorary Consultant

1741C Omakau-Chatto Creek Rd

R D 3

ALEXANDRA 9393

Email: [dgandbw@hotmail.com](mailto:dgandbw@hotmail.com)

Application closing date: Friday, 22 September 2017. Applications **must** be received at the above address by this date.