



2016 DEMENTIA TRAINING STUDY CENTRE HONOURS SCHOLARSHIP COMPETITION APPLICATION FORM

TO BE ELIGIBLE YOU MUST:

- Have applied or been accepted into Honours for 2016
 - Be enrolled fulltime in a health related discipline
- Have an Honours project that aims to contribute to the care of people living with dementia

TO ENTER THE COMPETITION, ELIGIBLE STUDENTS MUST:

- 1. Read the competition Terms and Conditions, and judging criteria, available from www.dtsc.com.au/dementia-scholarship
- 2. In 1000 words or less, summarise how your Honours project will **IMPROVE THE CARE OF PEOPLE LIVING WITH DEMENTIA** and address the judging criteria.
 - 3. Complete application form
- 4. Send your SUMMARY, APPLICATION FORM and LETTER OF SUPPORT FROM SUPERVISOR to dementia-scholarship@uow.edu.au by 21 February 2016

The D15C is lunded by the	Australian Gove	ernment and is	subject to reporting	requirements.	
Name:					
Postal address:					
Phone number:	Ema	ail address:			
Student number:		Campu	ıs:		
University:					
Degree:					
Honours applied for?	YES	NO			
Notified of acceptance into Honours at time of applying for competition? YES NO					
I will be enrolled in Honours in 2016?		YES	NO		
Name of supervisor:					
Name of project:					





I would like to receive more information on the Australian Journal of Dementia Care I would like to receive DTSC information for: SA/NT NSW/ACT VIC/TAS QLD WA **CERTIFICATION BY STUDENT:** • I certify that I have discussed this scholarship and Honours project with my supervisor . I certify that I am submitting entirely my own work, except where I have given fully documented references to the work of others. • I have read and accepted the DTSC Honours Scholarship Competition's Terms and conditions. • I consent to my personal information being used for the conducting of this competition and for the DTSC to use non-identifying information for the purposes of complying with its reporting requirements to the Australian Government. PRINT NAME: _ _____ DATE: _____ SIGNATURE: _____ **CERTIFICATION BY SUPERVISOR:** • I support this students Scholarship application and confirm that the appropriate facilities are available within this school to support it. • I have provided my letter of support to the student. PRINT NAME: _ SIGNATURE: _____ DATE: ____ **CHECKLIST:** Application form completed (signed by both student and supervisor)

Summary of Honours project completed in 1000 words (or less)

Letter of support from supervisor provided