**Clinician Researcher Training Program**

**2022-23**

# **Candidate Details Form**

*Where a project proposal has been developed by an existing HDR student, this form must be completed and attached to the HDR Project Proposal Form prior to submission to the University and HSP/PPPP.*

## Nominated Candidate Details

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Employing HSP/PPPP |  |
| Employment status | Permanent  Contract  Full-time  Part-time |
| Employment start date |  |
| HSP/PPPP Department |  |
| HDR Project Title |  |
| University |  |
| HDR type | PhD  Masters |
| Length of candidature to date  (must be no longer than 12 months at time of application) |  |
| FTE | 1.0 FTE  0.5 FTE |
| Relevant Qualifications | |
|  | |
| **Relevant Research Experience**  *(maximum 200 words)* | |
|  | |
| **Publications** | |
|  | |
| **Candidate Statement**  *Outline your commitment, expertise and motivation for a clinical research career, including your research vision*  *(maximum 250 words)* | |
|  | |

## Candidate certification

I certify that:

1. the information provided is complete, true and correct in every particular.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

## Administering Institution Head of Graduate Research School or equivalent certification

I certify that:

1. there are no intellectual property claims to the candidate’s project from anyone other than the candidate
2. enrolment of the candidate was through a due selection process followed by the university in accordance with their terms and conditions.

|  |  |
| --- | --- |
| **Administering Institution Name** |  |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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