Melbourne School of Population Health  
Murrup Barak – Melbourne Institute for Indigenous Development  
Graduate Certificate in Indigenous Research & Leadership (GC-IRL)  
Supplementary Information Form

**Instructions:**

**Applicant** must complete Section A and B and provide:
1. **Thesis Title and Abstract** (provisional titles and abstracts are acceptable)
2. A 200-word **Statement**, telling us:
   - how you see your career pathway following the completion of your Research Higher Degree;
   - where you envisage your professional journey taking you; and
   - how that might involve a leadership role or roles.

**Applicant’s Principal Supervisor** must complete Section C and provide:
- a brief (one paragraph) statement in support of the applicant and confirm their progress towards, or completion of their Research Degree

**Applicant’s Head of Department** (or equivalent) must complete Section D

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### Section A: Personal Details

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### Section B: Research Higher Degree Details

**Which Research Higher Degree (RHD) are/were you enrolled in?**
- [ ] PhD
- [ ] Masters by Research
- [ ] Professional Doctorate (eg EdD)
- [ ] Other: ________________

**At what stage are you, in relation to your Research Higher Degree?**
- [ ] Completed
- [ ] Nearly completed
- [ ] Demonstrable progress towards completion

**At which University are/were you enrolled for your RHD?** ________________

**What is/was your Department/School?** ________________

**What is/was your Field of Study/Discipline?** ________________

If currently employed, what is your position? ________________

Applicant’s signature: ___________________________ Date: ________________

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### Section C: Principal Research Supervisor Endorsement

**Name and Title:** ___________________________  
**Department and University:** ___________________________

Signature: ___________________________ Date: ________________

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### Section D: Head of Department/School Endorsement

**Name and Title:** ___________________________  
**Department and University:** ___________________________

Signature: ___________________________ Date: ________________

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**Please send all Supporting Documentation in hard copy to:** Mrs Elizabeth Dent, Manager, Academic Programs Office, Melbourne School of Population Health, The University of Melbourne, Level 4, 207 Bouverie Street, Carlton, VIC 3053