**Professor Graham Burrows AO (1938-2016)** was a mental-health clinician, researcher, mentor and advocate. In addition to his role as an academic at the University, Graham was the director of psychiatry at Austin Health. He was actively involved in the Australian Medical Association and the Royal Australian and New Zealand College of Psychiatrists as well as numerous international organisations including The International Society for the Investigation of Stress. He advocated strongly for the mentally ill and has published over 743 scientific articles and authored or co-authored more than 104 books/chapters during his career. He was the first psychiatrist to be awarded the Doctor of Science Degree in 2004 at the University of Melbourne. The scholarship commenced in 2018.

One annual travelling scholarship is awarded with the amount to be determined by interest on endowed fund annually**. For 2020 the scholarship available is $4,500.**

**Eligibility:** A Doctoral PhD student of the Department of Psychiatry to present their research at an international meeting.

A presentation and submission of a written report on the outcomes is to be undertaken on return from the meeting.

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| **APPLICATIONS DUE: Thursday, 12 December 2019** |

# A. applicant details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Family Name** |  |
| **Given Name(s)** |  |
| **Department/ School** **(if appropriate)** | Psychiatry, Melbourne Medical School |
| **Institution** | The University of Melbourne |
| **Telephone** |  |
| **Email Address** |  @unimelb.edu.au  |

# B. PROJECT SUMMARY

# Briefly describe the proposed scholarship activity (200 words maximum). Do not directly address Selection Criteria as responses to each criterion are to be provided in Section C.

|  |
| --- |
|  |
| C. SELECTION CRITERIAIn no more than 1,000 words, describe how your application meets the selection criteria below:* Potential to make a significant contribution to Mental Health research and approaches.
* A capacity to communicate complex ideas and theory, and ability to undertake research in a clinical setting.
 |

# D. LEARNING AND RESEARCH OBJECTIVES

# Please specify up to three learning or research objectives you hope to achieve as a result of the Scholarship:

|  |  |
| --- | --- |
| Learning / Research Objective #1 |  |
| Learning / Research Objective #2 |  |
| Learning / Research Objective #3 |  |

# E. POTENTIAL OUTCOME OF THE SCHOLARSHIP

# Please detail, in no more than 500 words, the anticipated outcome of the scholarship on your research experience and knowledge in psychiatry.

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|  |

# F. LETTERS OF REFERENCE

**Two letters of support** from senior members of the Department of Psychiatry is to be attached to this application. Contact details for each reference should be included.

# G. SUBMISSION OF APPLICATION

***Agreement to Terms and Conditions***

*The award of this scholarship based on information that you have provided to the University of Melbourne. Your application may be withdrawn at any time if you have provided incorrect information, or withheld relevant information.*

*I certify that the information supplied in this application is true and correct to the best of my knowledge. If this application leads to being awarded this scholarship, I understand that false or misleading information may lead to forfeiting this scholarship and any associated monies.  By submitting this application, I agree to allow the University of Melbourne and/or Faculty of MDHS to publish my name and/or photo on the Faculty website, in publications and other University materials. I hereby agree to the University of Melbourne using, reproducing and disclosing photographs of me for use in teaching materials, promotional and marketing materials, publications and / or on its web site.*

*I acknowledge travel must be undertaken in the year that the Scholarship is awarded and that I will be required to make a presentation and submit a written report on the outcomes on my return.*

*I have read, understand and agree to abide by the terms of this award:*

**Please tick this box to confirm the above agreement to terms and conditions.**

*Full  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please submit an electronic copy of this application and supporting documentation** to the Department of Psychiatry via Ms Jan Mariani janmar@unimelb.edu.au by **5pm, Thursday, 12 December 2019.**