The University received a donation (Gift) from Professor Christos Pantelis and Mrs Kimberley Pantelis (Donors) to establish The Nikolaos and Dimitra Pantelis Travelling Scholarship (Scholarship) in honour of Christos’ parents. The Travelling Scholarship will support one or more students undertaking schizophrenia research within the Department of Psychiatry (or its successor) 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**. The amount available for 2020 is $2,200.**

**Eligibility:** A PhD student or Early Career Researcher undertaking schizophrenia research within the Department of Psychiatry to present at a national or international conference/or to work in an internationally recognised lab.

A presentation and submission of a written report on the outcomes is to be undertaken on return in the year the scholarship is awarded.

|  |
| --- |
| **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.

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| --- |
|  |

# C. SELECTION CRITERIA

# In no more than 1,000 words, describe how your application meets the selection criteria below:

|  |
| --- |
| * Potential to make a significant contribution to Schizophrenia research and approaches * A capacity to communicate complex ideas and theory, and 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 clinical and research experience and knowledge in psychiatry.

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| --- |
|  |

# F. LETTERS OF REFERENCE

**Two letters of support** from senior members in the Department of Psychiatry must be attached to this application. Full 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 following 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](mailto:janmar@unimelb.edu.au) by Thursday, **12 December 2019.**