

This confidential form is supplementary to an existing application form or scholarship-only application form.

This form is for domestic and international candidates who wish to apply for a La Trobe University Flexible Research Scholarship (LTFLEX) and:

- have applied for La Trobe University Masters by research, Doctor of Philosophy, or Professional Doctorate degree and stipend scholarship; or
- are currently enrolled in a research degree at La Trobe University and are receiving or have applied for a Research Training Program (RTP) stipend or La Trobe University Graduate Research Scholarship (LTGRS)

Please check the advertised eligibility requirements for the LTFLEX Scholarship:

<https://www.latrobe.edu.au/study/scholarships/other/la-trobe-flexible-research-scholarship-flex-candidates-with-disabilities>

Before completing this form, applicants should review the standard provisions of Research Training Program and La Trobe Graduate Research Scholarships offered by La Trobe, along with those provided by an LTFLEX scholarship, by referring to the La Trobe graduate research scholarship terms and conditions, here [Graduate Research and RTP Scholarships Policy - Schedule A](#).

Please email this form with your confidential documentation to Dean.GRS@latrobe.edu.au for consideration.

Applications for the LTFLEX Scholarship are considered against the eligibility criteria by an Advisory Panel to the Board of Graduate Research consisting of the Chair of the Board of Graduate Research and two senior academic staff who are experienced in disability research and practice.

1. Personal details

Title: Mrs Ms Miss Mx Mr Dr Other:

Family name:

Given name(s):

Domestic application

International application

2. Course details

New applicants complete this section:

Title of the degree you have applied for (e.g., Doctor of Philosophy):

Have you applied for a scholarship? Yes No

Current candidates complete this section:

Title of the degree you are currently enrolled in (e.g., Doctor of Philosophy):

What year of candidature are you currently in?

Do you currently hold a scholarship (RTP, LTGRS or similar)? Yes No

3. Additional Documentation

Please indicate the type of document attached that provides medical evidence of the permanent and ongoing nature of your disability in relation to your functional capacity as discussed in your impact statement:

Medical Certificate

NDIS Participation

4. Impact Statement (maximum 500 words)

In 500 words or less, please provide a statement outlining:

- the impact of your disability on the pace at which you can study;
- why you need additional time for completion beyond the standard candidature and scholarship provisions and how much additional time you anticipate would be required;
- your need for a research support allowance provided by the LTFLEX.

5. Declaration

- I declare to the best of my knowledge that the information supplied on this application form and all supporting documentation is correct and complete.

Applicant's Signature:

Date: