

APPLICATION FOR ENTRY TO THE REGISTER OF SUPERVISORS (SCHEDULE A)

Please refer to the *Supervision of Higher Degree by Research Students Policy* and *Supervision of Higher Degree by Research Students Procedures* at <http://policies.curtin.edu.au/findapolicy/>

Part 1 Academic Staff Member to Complete

Staff ID Number _____ Title _____

Family Name _____ Given Name _____

School/Department/Institute _____

Faculty _____ Highest Academic Qualification _____

Staff who meet criteria 1, 2, 3 and 4 shall be eligible for Level 1 registration and may be appointed as Chairperson, Supervisor, Co-Supervisor or Associate Supervisor.

Staff who meet criteria 1, 2 and 3 shall be eligible for Level 2 registration and may be appointed as Co-Supervisor or Associate Supervisor only.

Note: Registration is not mandatory for Adjunct, Emeritus or External Associate staff, but they are only eligible for Level 2 classification.

In applying for Entry to the Register of Supervisors (RoS), I confirm that I have met the relevant criteria as detailed above:

1. I am an **active researcher**.

(a) I have at least one relevant publication in the last two years (includes the preparation of substantive research reports/creative works/patents)

Yes No

2. I have undertaken **professional development for supervisors** in the last three years to maintain/enhance my supervisory skills and knowledge of Curtin's policies, guidelines and rules as they pertain to higher degrees by research. (*At least one of the following criteria must be met*)

(i) Current, active membership of one or more of the following committee/s

University Graduate Studies Committee

Faculty Graduate Studies Committee

University Research & Development Committee

Faculty Research & Development Committee

OR

(ii) Attendance at training workshops/seminars offered by the Graduate Research School

Name of Workshop/Seminar: _____

Date of Attendance: _____

3. I have passed the online SOL Research Integrity Unit (access via iPerform) Yes No

4. I have successful **research** higher degree supervisory experience:

YES *Please complete parts (a) – (d) below*

NO *Please continue to next section – Discipline Details*

(a) Name of completed **research** student: _____

(b) Student ID: (*if Curtin student*) _____

(c) Supervision Capacity: (*Supervisor, Co-supervisor, Associate Supervisor*) _____

(d) Name of Higher Degree: _____ Year of Completion: _____

Your contact details will be displayed on the RoS website at <http://postgraduateresearch.curtin.edu.au/about/register-of-supervisors/> The web listing also includes a search engine for prospective students seeking potential supervision. Please provide 4-6 discipline key words/phrases below for entry on the website.

Discipline Key Words:

Declaration. I have read the Supervision of HDR Students Policy and Procedures and agree to supervise students in accordance with the policy and with Curtin's Rules 10 and 11 pertaining to Doctoral and Master's Degrees and the University's Values and Signature Behaviours.

Signature: _____ **Date:** _____
Please forward this form to your Head of Enrolling Area/Line Manager to complete Part 2

Part 2 Head of Enrolling Area or Line Manager to Complete

I recommend _____ for entry to the Curtin University Register of Supervisors, having satisfied the necessary criteria detailed in Part 1
PRINT NAME

Name: _____ Position: _____

Signature: _____ Date: _____

Please forward completed form to: Register of Supervisors, Graduate Research School, Building 101, Level 1, or scan and email to GRS.Academic@curtin.edu.au for approval and processing

Part 3 Graduate Research School/ADVC-Research Training to Complete

Date of receipt by Graduate Research School: _____

Consideration by Associate Deputy Vice-Chancellor, Research Training:

Outcome: Application for Entry to the Register of Supervisors is;

- (i) Executively APPROVED for
Level 1 Registration.
 - Doctoral and Masters supervision; or
 - Level 2 Registration.**
 - Doctoral and Masters supervision; or
 - Masters Only supervision; or
- (ii) Executively NOT APPROVED

Signature of ADVC, RT: _____ Date: _____

In the case of (i) above,

Date of UGSC noting: _____

Date of Registration Expiry (Date of UGSC Meeting + four years): _____

Date of Data Entry: (a) Database: _____ (b) Website: _____

(c) Alesco: _____ (d) Notification: _____

In the case of (ii) above,

Date Staff Member notified: _____

Notes: _____