

# 10633NAT Graduate Certificate in Health Research Expression of Interest 2022



To be completed and signed by the applicant and the applicant's manager. Management support and commitment throughout the duration of the program is essential.

## Part A: Applicant's Personal Details

Surname:			
Given name:			
Position title:			
Department:			
Facility:		Cost centre:	
Employee number:		Telephone:	
Length of service in current position:			
Email address:			

## Application details

This section forms the basis of selection of applications.

Please provide concise details of day-to-day responsibilities and any research experience undertaken in your current and/or recent positions (i.e. within the past three years). Day-to-day responsibilities may include clinical care, laboratory work, and education of patients, education of staff, management of staff and/or management of programs, portfolios or projects. If additional space is required, up to two additional pages may be added to this application.

Please detail the day-to-day activities of your current role, as defined above.

Please detail what experience you have had in conducting research, if any (eg, assisting with data collection, analysing data, literature review).

Please detail what experience you have had in presenting research (eg, staff in-services, conference presentations) or publishing research (eg, published papers, reviewing manuscripts, letters to the editor), if any.

Please state your original undergraduate degree and any qualifications that you have obtained subsequently.

Which computer software are you familiar with and how proficient are you at using each one? (eg, beginner, intermediate, advanced, rusty)

Please describe one or a few research ideas that you would like to pursue as a project in the Graduate Certificate in Health Research.

Please detail any steps you have undertaken to investigate the feasibility of the research project(s) entered above.

Please list any steps you have taken to ensure stakeholder support for the research project(s) entered above.

Please indicate whether you have completed any of the research-related modules offered by Sydney Local Health District either online (eg, Research: An introduction for beginners) or face-to-face (eg, How to set up and run a successful journal club). Applicants do not need to have completed any courses to be considered for this qualification.

Course name	Completed (yes/no)	Year completed

Please outline below why you would like to participate in the graduate certificate in health research.

## Applicant's declaration

I have read the graduate certificate in health research pre enrolment course information and have discussed this with my line manager. I can make the commitment required to complete all the program requirements.

**Applicant signature:**

**Date:**

*Please attach your CV and your job description to this application.*

## Part B: To be completed by applicant's line manager

As the manager of the applicant, I fully support his/her participation in this program and the requirements of the program. I understand this program will require me to:

- Collaborate with the applicant to discuss his/her development needs and how these may be met through workplace projects/activities.
- Release the applicant to attend the workshops.
- Provide ongoing support to the applicant for the duration of the program.

<b>Manager's surname:</b>			
<b>Given names:</b>			
<b>Position title:</b>			
<b>Department:</b>		<b>Cost centre:</b>	
<b>Facility:</b>		<b>Telephone:</b>	
<b>Email address:</b>			

**Manager signature:**

**Date:**

## Checklist prior to submitting

- Resume attached
- Job description
- Line manager's endorsement and signature
- Supporting documents such as completed course transcripts

### Please return this form to

Clinical Associate Professor Mark Elkins

Email: [Mark.Elkins@health.nsw.gov.au](mailto:Mark.Elkins@health.nsw.gov.au) | Phone: 9562 5915

**Applications close – 12th April 2022**