



Office of Graduate Research
 Room 003 The Registry Building
 GPO Box 2100, Adelaide 5001 Australia
 Email: hdrsupervisor.register@flinders.edu.au
 Phone: (08) 8201 2495
 Website: <https://staff.flinders.edu.au/research/hdr-supervisors>

Application for Register of Higher Degrees by Research (HDR) Supervisors

Principal and Associate Supervisors of HDR students must be on the Register of HDR Supervisors. This form is used to apply to the Register. Please refer to the [HDR Supervisor Policy](#) and the [HDR Supervisor Procedures](#) for further information.

Sign Section G and submit the completed form to your College Dean (Research) or nominee (HDR Coordinator) for signature. Note that the form will not be considered unless sections A-I (and any attachments) have been completed.

For contact details in Colleges refer to: <https://students.flinders.edu.au/my-course/hdr/contacts>

A. APPLICANT DETAILS

Title: _____ First Name: _____ Last Name: _____
 College: _____
 Address (if not at Flinders): _____
 Phone: _____ Email: _____
 FAN: _____ Employee Number: _____

B. ACADEMIC QUALIFICATIONS

Degree:	Awarding Institution:	Year Awarded:
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. POSITION DETAILS

Position Status (e.g. Academic or Research Staff): _____ Year of appointment: _____
 Continuing: _____ Convertible: _____ Contract Appointment: _____ Other: _____
 Duration of appointment if Contract: _____ Fraction of appointment: _____
 Date appointment commenced: _____ Date appointment complete: _____
OR
 Full Academic Status: _____ Duration of appointment if Full Academic Status: _____

F. EVIDENCE OF HDR STUDENT SUPERVISION

Number of HDR students **currently** under your supervision:

Principal Supervisor: PhD: Masters by Research: Institution:

Associate Supervisor: PhD: Masters by Research: Institution:

Your Flinders students who have **completed in the last 5 years**:

PhD: Masters by Research:

Do you have completions from another Institution? **YES** **NO**

If yes, provide the number completed elsewhere in the last 5 years:

Principal Supervisor: PhD: Masters by Research: Institution:

Associate Supervisor: PhD: Masters by Research: Institution:

G. ENDORSED BY APPLICANT

I agree to supervise HDR students in accordance with the [HDR Supervisor Policy](#) and [HDR Supervisor Procedures](#).

I have completed my **Staff Business web page (YES NO)**, including **supervisory interests** and research interests and, if applicable, current and past HDR supervisions and HDR student achievements. For further details refer to the [Staff Profiles Guide](#).

Signature: _____ (Applicant) Date:

Please send the application form to the College Dean (Research) or nominee for signature, who will then forward it to the Dean of Graduate Research or nominee for signature.

H. EXCEPTIONAL CIRCUMSTANCES PROVIDED BY COLLEGE DEAN (RESEARCH) OR NOMINEE

The [Policy](#) states: *There may be other circumstances, such as Early Career Researchers, that justify staff being classified as research-active and exceptions to this definition can be nominated by the College Dean (Research).*

In the case of Early Career Researchers, it is sufficient to note that fact without additional justification.

In applications where there are **exceptional circumstances**, reasons will need to be provided by the College Dean (Research) or nominee.

Reasons:

Name: _____

College Dean (Research) or nominee

Signature: _____

Date:

I. COLLEGE DETERMINATION

The [HDR Supervisor Policy](#) states:

- Section 4.d. At least one Principal or Associate supervisor must have a successful record of postgraduate supervision.

- Section 5.b.i. To be eligible for registration a potential supervisor must hold a doctoral degree, or be approved by the Dean of Graduate Research as having equivalent research experience

Level of supervisory registration approved by the College (please tick):

PhD Masters by Research

The College **approves** **does not approve** this application.

Are any exceptions to the HDR Supervisor policy being requested? If so, please explain detail below. If not approved, state the reasons.

Name: _____ College Dean (Research) or nominee.

Signature: _____ Date: _____

Please return form to the Office of Graduate Research for final approval hdrsupervisor.register@flinders.edu.au.

J. OFFICE OF GRADUATE RESEARCH

This application for registration is: **approved** **not approved**

If not approved, state the reasons:

Name: Professor Tara Brabazon (*Dean of Graduate Research*)

Signature: _____ Date: _____

OFFICE OF GRADUATE RESEARCH USE ONLY

Date: ___/___/___ Added to Register of HDR Supervisors

Date: ___/___/___ HDR Supervision Program Training updated

Date: ___/___/___ Applicant advised of outcome of application