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| Carolyn D Baker Memorial Prize Application Form 2025 |



**Education**

CRICOS PROVIDER NUMBER 00025B

**Cover details**

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| **Applicant Name** |  |
| **Student Number** |  |
| **Applicant Email** |  |
| **Principal Advisor** |  |

**Process**

**STEP ONE - APPLICANT**

Discuss your proposed application and conference choice with your supervisory team. Complete this application form electronically then email it as an attachment to your Principal Advisor.

**Your Principal Advisor must receive your application by Friday, 25 July 2025.**

**STEP TWO - PRINCIPAL ADVISOR**

Complete the Principal Advisor section (Section 9) of this form electronically.

Forward the application to the Director of Higher Degree Research (DHDR), Associate Professor Shiralee Poed, s.poed@uq.edu.au, who will forward onto the Memorial Prize Committee.

**Applications must be received by DHDR by Friday, 1 August 2025.**

**STEP THREE–SELECTION COMMITTEE**

The Memorial Prize Committee will consider and rank applications.

**The Committee to make a decision by Friday, 29 August 2025.**

**STEP FOUR – HEAD OF SCHOOL**

Successful application confirmed and formal notification endorsed.

**The Head of School will inform all applicants of the outcome by Friday, 5 September 2025.**

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| **1. Personal details** |

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| --- | --- | --- | --- | --- | --- |
| Title |  | Last Name |  | First Name |  |
| UQ Student Number |  | Preferred Name |  |
| Gender |  | Male |  | Female | Date of Birth |  |  |  |
|  | **Day** | **Month** | **Year** |
| E-Mail |  |  |
| Street Address |  | Telephone (home) |  |
|  |  | Telephone (mobile) |  |
| City/Suburb |  | State |  | Postcode |  |  |
| Are you an International Student?  |  | Yes |  | No |  |  |

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| **2. Academic details** |

|  |  |  |  |
| --- | --- | --- | --- |
| Enrolling Unit: |  | Other supervising unit/s (if applicable): |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confirmation date: |  |  |  |  |  |  | PhD |  | MPhil |  |
|  | Day |  | Month |  | Year |

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| **3. Proposed international conference** |

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| Conference:Title-Dates-Location |  |

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| --- | --- |
| Title of Paper:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Conference date: |  |  |  |
|  | **Day** | **Month** | **Year** |

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| **4. Other relevant information** |

List Publications, Awards if any.

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| **5. Supporting statement** |

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| 1. Full Thesis Title: |  |

2. Brief description of research topic (1 paragraph):

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3. Aim of conference presentation (1-2 line summary):

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4. Research paper outline (1/2 page max):

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5. How will the field of education benefit from the knowledge and experience gained (1 paragraph):

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6. Explain similarities between your work and that of Associate Professor Carolyn D. Baker (1 paragraph):

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| **7. Budget** |

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| Conference Registration  | $ |  |

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| **8. Declaration** |

I declare that the information supplied by me on this form is true in every particular. If I do not use the Memorial Prize for the purpose outlined in my application or another purpose approved by the Head of School (School of Education), I undertake to repay to the University the full amount of the prize.

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| Applicant |  |  |  |  |
|  | **Enter your name or electronic signature** |  | **Date** |  |

**9. Principal Advisor**

1. Please provide a statement supporting this application:

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2. Please comment on the standing of this national or international conference:

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3. Please comment on how the field of education may benefit from the knowledge and experience gained:

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| Principal Advisor |  |  |  |  |
|  | **Enter your name or electronic signature** |  | **Date** |  |