

# Application form 2025

## PERSONAL DETAILS

SURNAME

GIVEN NAMES

ADDRESS AND  
POSTCODE

PHONE NUMBER

EMAIL

DATE OF BIRTH

STUDY LEVEL AND  
DISCIPLINE  
(HONOURS, MASTERS, PHD)

STUDY MODE AND  
REGION

CQUNIVERSITY  
STUDENT ID NO

PROPOSED RESEARCH  
FOCUS/TITLE

## ELIGIBILITY CRITERIA:

To be eligible, students need to:

- Be enrolled in an Honours, Masters by Research or PhD in a relevant field of research at CQUniversity;
- Be an Australian Citizen or Permanent Resident;
- Be studying on campus in Rockhampton or through distance learning (flexible);
- Devote time during the length of the scholarship (12 months) to an agreed research topic relating to improving waterway health and/or understanding use of waterways in the Fitzroy Basin.

## SELECTION CRITERIA:

Applicants will need to provide:

1. A submission of no more than 750 words outlining the proposed waterway health research topic and their career aspirations.
2. Evidence of an ability to set and achieve career and personal goals.
3. Information about academic history and work experience (please attach academic transcript and resume).
4. A letter of support from their proposed CQUniversity Project Supervisor.
5. A commitment to acknowledgment of Fitzroy Partnership for River Health in future papers/presentations referencing the water research, be available where possible to present at relevant water/research events acknowledging Fitzroy Partnership for River Health and agree to their photos/images being used on Fitzroy Partnership for River Health products.

Question 1: Written submission (please provide as an appendices to this application form)

Question 2: Academic history and work experience (please provide academic transcript and resume as an appendices.)

Question 3: Please provide letter of support as a separate attachment in appendices.

## SUBMITTING YOUR APPLICATION:

Prior to submission, ensure that your application includes:

- ☒ Your resume
- ☒ Academic transcript
- ☒ Letter of support from your proposed academic supervisor
- ☒ Your written submission (750 words max.)

Please return application to:

**Executive Officer, Fitzroy Partnership for River Health**

Email: [josh.mckee@riverhealth.org.au](mailto:josh.mckee@riverhealth.org.au)

## APPLICANT DECLARATION:

I declare that the information provided is true and correct. I have submitted a copy of my completed application plus a personal or work reference.

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Applicant's Signature

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Date