## PROPOSAL TO ESTABLISH A JOINTLY AWARDED DOCTORAL DEGREE CANDIDATE AGREEMENT



This form is used to request the formal establishment of a Jointly Awarded Doctoral Degree. The information provided will be used to draft the legally binding Candidate Agreement for review by the Partner Institution. The supervisors at both institutions should complete this form together (i.e. not the candidate).

Please refer to the <u>Jointly Awarded Doctoral Degrees and Dual Award Doctoral Degrees Policy</u> before completing this form.

Approval is required by the University of Newcastle Head of School/Nominee before submitting this form to Graduate Research for the Dean of Graduate Research's consideration. If approved, Graduate Research will prepare the Jointly Awarded Candidate Agreement and will liaise with the relevant person(s) at the partner institution regarding legal and administrative matters necessary to finalise the agreement.

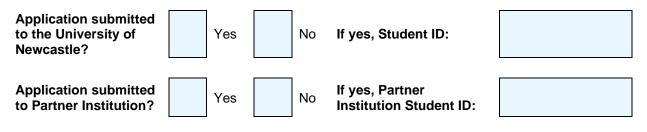
## **PART A: PROPOSED PARTNER INSTITUTION**

Name of Institution:	
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## PART B: PROPOSED CANDIDATE DETAILS

Family Name:		Given Name:	
Address:			
Email:			
Country of Citizenship:		Gender:	
Australian Permanen	t Resident:	Yes No	NA (Australian Citizen)
Proposed Research Project:			

#### **ENROLMENT DETAILS**



Date of PhD commencement at Partner Institution\*:

\* Please provide the candidate's offer of admission from the partner institution.

#### **PLANNED STUDY PERIODS**

**Note:** The candidate must spend a minimum of 12 months in total at each institution. This may be made up of multiple visits.

Visit	Location	<b>Start Date</b> (e.g. 1/6/2022)	End Date (e.g. 31/05/2022)	Duration
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## **PART C: PROGRAM AND INSTITUTIONAL DETAILS**

Family Name:		Given Name:	
School:		Phone:	
Email:			
UNIVERSITY C	OF NEWCASTLE CO-SUPE	RVISOR 1	
Family Name:		Given Name:	
School:		Phone:	
Email:			
UNIVERSITY OF NEWCASTLE CO-SUPERVISOR 2			
Family Name:		Given Name:	
School:		Phone:	
Email:			
PARTNER INS	TITUTION SUPERVISOR 1	I	
Family Name:		Given Name:	
School:		Phone:	
Email:			

## UNIVERSITY OF NEWCASTLE PRINCIPAL SUPERVISOR

### PARTNER INSTITUTION SUPERVISOR 2

Family Name:	Given Name:	
School:	Phone:	
Email:		

#### **PARTNER INSTITUTION SUPERVISOR 3**

Family Name:	Given Name:	
School:	Phone:	
Email:		

#### UNIVERSITY OF NEWCASTLE APPROVALS TO BE OBTAINED

Ethics:		Health & Safety:	
Other:			
PARTNER INS	TITUTION APPROVALS T	O BE OBTAINED	
Ethics:		Health & Safety:	

**PROGRAM DETAILS** 

Other:

University Of Newcastle Degree Name:	Doctor of Philosophy	
Partner Institution Degree Name:		

#### **INTELLECTUAL PROPERTY, DATA ACCESS AND STORAGE**

 Will the research develop IP?
 Yes
 No
 It

If yes, who will be the IP licensee?

#### **Data Access Table**

Please provide the names of people who, in addition to the candidate, will have access to the data, subject to meeting ethics and confidentiality requirements.

**Note:** Data refers to any information gained from research participants or through other research activity associated with the thesis. The candidate and principal supervisor should reach agreement about access to data, especially if the candidate's research is part of a wider research project.

Consideration may be given to broader data sharing. Many data sharing agencies (e.g. NIH, US; NHMRC, Australia) encourage, or indeed require, data sharing and providing access to data and other research outputs (such as metadata, analysis code, study protocols, study materials, etc.) arising from supported research unless prevented by ethical, privacy or confidentiality matters. Further information is available at https://www.nhmrc.gov.au/grants-funding/policy/nhmrc-statement-data-sharing.

	Raw Data / Processed Data / Raw & Processed Data	During Project / After Project / During & After Project
Raw data will be stored at:	Under the supervision of:	
Processed data will be stored at:	Under the supervision of:	

## **PART D: STUDENT FINANCIAL SUPPORT**

College/School contribution to travel expenses for candidate and/or supervisor(s)\*:

\* Note that University of Newcastle scholarship recipients receive standard relocation support

# Is the candidate to be considered for a University of Newcastle Jointly Awarded Scholarship?\*:

\* Note that for all Jointly Awarded Scholarship recipients stipends are normally provided only for the period the candidate is in Australia. However, tuition fee scholarships cover the entire enrolment period (maximum of 4 years).

**Instructions for completion:** Please complete the following table if the candidate is either applying for or has been awarded a PhD scholarship.

	Australian Scholarship		Inter	International Scholarship		
	Awarded	Applying	Av	warded	Applying	
Scholarship Name:						
Funding Source:						
<b>Coverage/Inclusions:</b> (i.e. stipend, tuition, accommodation)						
Duration:						
Stipend value per annum:						
Tuition fee value per annum:						
Relocation / flights value per annum:						
Other inclusions:						
Other details:						

#### PART E: DECLARATION

**Note**: This Proposal form is not a legally binding document. The Candidate Agreement that Graduate Research will prepare becomes the legally binding document when signed by all parties.

I certify that I have read the <u>Jointly Awarded Doctoral Degrees and Dual Award Doctoral Degrees Policy</u> and that all information contained in this proposal is complete and correct to the best of my knowledge.

I confirm that I have discussed the establishment of a JADD for this candidate with the co-supervisors.

Proposed University of Newcastle Principal Supervisor Signature:	Date:
Proposed University of Newcastle Co-Supervisor 1 Signature:	Date:
Proposed University of Newcastle Co-Supervisor 2 Signature:	Date:
Proposed Partner Institution Principal Supervisor Signature:	Date:
Proposed Partner Institution Co-Supervisor 1 Signature:	Date:
Proposed Partner Institution Co-Supervisor 2 Signature:	Date:

#### **PART F: SCHOOL APPROVAL**

Please note that the School and College are responsible for all costs associated with the University of Newcastle supervisor attending the oral examination.

University of Newcastle Head of School Nominee Name:		
Signature:	Date:	

Please ensure all approvals are obtained prior to submitting this form to <u>HDR-Parnerships@newcastle.edu.au</u> for consideration by the Dean of Graduate Research.

## PART G: UNIVERSITY OF NEWCASTLE DEAN OF GRADUATE RESEARCH APPROVAL

Signature:

Date: