

RESEARCH ENROLMENT FORM 2017

When completing this form please refer to the 'Enrolment Information Higher Degree by Research' which accompanied your offer letter – Incomplete forms will not be accepted.

THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT ID: al627462 RESEARCH TOPIC: (Print in Title Case, No More Than 250 Characters) Optimisation of magnetic bistable energy harvesting devices

PERSONAL EMAIL: Your Password and Enrolment Confirmation will be sent to this address: benjamin.schubert@student.adelaide.edu.au

INTELLECTUAL PROPERTY: I agree to comply with the University Policy on Intellectual Property <http://www.adelaide.edu.au/policies/1263>. I understand that I own IP created in the course of my studies, except when I participate in a project that: (a) builds upon pre-existing University IP; or (b) is being carried out for, or in conjunction with, an external third party (e.g. a Co-operative Research Centre, a company, etc.), whether under a separate formal agreement or not. To the extent that either of those conditions applies I assign all of my present and future interest in relevant IP in accordance with and subject to the terms of the Intellectual Property Policy. I agree to execute such further documents as is necessary to give effect to such assignment.

Signature of Student: [Signature]

Date: 21/12/2016

STAFF MEMBERS: Clearance may be required before you undertake higher degree studies. Academic staff should approach the Faculty/School/Discipline for the appropriate clearance. General staff, please refer to: <http://www.adelaide.edu.au/hr/handbook/pdp/study/>

FOR INTERNATIONAL STUDENTS ONLY: Have you previously completed or been exempted from the IBP-R in a previous Master program (TICK AS APPROPRIATE) ☐ Yes ☐ No

Students who have completed or been exempted from doing the IBP-R in their Masters will not be required to complete the IBP-R at PhD level

THIS SECTION TO BE COMPLETED BY THE SCHOOL/DISCIPLINE: For relevant codes please refer to: <http://www.adelaide.edu.au/graduatecentre/forms/enrolment/>

FACULTY: _____ SCHOOL: (where applicable) _____ DISCIPLINE: (one only to be recorded) _____ CAMPUS/HOSPITAL LOCATION: _____

ACADEMIC PROGRAM: _____ ACADEMIC PLAN: _____

FOR MASTER BY RESEARCH STUDENTS ONLY: STREAM (TICK AS APPROPRIATE) ☐ 100% RESEARCH ☐ *MIXED RESEARCH AND COURSEWORK

*Mixed research and coursework students will receive an email detailing how to enrol in coursework once this form is processed.

COMMENCEMENT DATE OF CANDIDATURE: _____ (PLEASE NOTE THAT FORMS WILL NOT BE PROCESSED IF A COMMENCEMENT DATE IS NOT INCLUDED ON THIS FORM i.e. dd/mm/yy)

SUPERVISOR DETAILS

Title (eg. Prof, Dr, Ms, Mr)	Full Names of Supervisor(s)	School / Discipline (if internal)	Organisation (if external)*	Supervisor Role P=Principal C=Co- E=External	*% responsibility supervision (Minimum P - 60% C or E - 20%)	On Register Y/N	*Note 1: All Higher Degree Research students must be supervised by a panel comprising a principal and at least one co or external Supervisor. The principal supervisor has the primary responsibility for supervision and must be a member of the academic staff of the School/Discipline in which the student is enrolled, or be a titleholder (excluding visitors) with that School/Discipline. The principal supervisor must always be assigned a minimum of 60% responsibility for the supervision. A co-supervisor may be a staff member or titleholder (excluding visitors) with any of the University's schools. An external supervisor (including visitors) is not a University staff member and has no formal affiliation with the University. Each co or external supervisor on the panel must be assigned a minimum of 20% of the responsibility for the supervision. A maximum of 3 supervisors may be on any student's panel. Note 2: All Supervisors must be listed on the University's Register of Eligible Research Supervisors. Details on how to join the Register are available at: http://www.adelaide.edu.au/graduatecentre/staff/supervisor_register/
				P	60%		

RESEARCH STUDIES

Please note that together with the Academic Program, Plan and Sub-Plan information, the details provided in the Research Studies section will be used to determine funding, therefore, it is imperative that the correct entries are used.

If none of the available course descriptions reflect the appropriate EFTSL split, please complete the New Research Studies Code form available on the web at: <http://www.adelaide.edu.au/graduatecentre/forms/enrolment/>

Subject Area	Catalogue No.	Academic Load (Delete as appropriate)	Course Description	Mode (I) Internal or (R) Remote	NB: Remote candidature will not be processed unless the Application for Remote Candidature form has been appropriately approved and endorsed. The remote form is available on the web at: http://www.adelaide.edu.au/graduatecentre/forms/admission/
		Full-time/Half-time			

SOCIO-ECONOMIC OBJECTIVE CODE (1): _____ % SOCIO-ECONOMIC OBJECTIVE CODE (2): _____ % SOCIO-ECONOMIC OBJECTIVE CODE (3): _____ % total must = 100%

FIELD OF RESEARCH CODE (1): _____ % FIELD OF RESEARCH CODE (2): _____ % FIELD OF RESEARCH CODE (3): _____ % total must = 100%

I certify that:

1) this candidate is acceptable to this School/Discipline and the research topic is considered appropriate for the general facilities in my School/Discipline; and

2) supervision of the candidate has been arranged as detailed above and all nominated supervisors have agreed to act in this capacity.

3) the nominated principal supervisor has agreed, in cases where the Integrated Bridging Program (Research) IBP(R) or Master of Philosophy mandatory coursework courses is/are compulsory component(s) of the candidature, or where domestic students have elected to attend the IBP(R), to the student's attendance and has also agreed to participate as required, as part of his/her supervisory responsibilities.

*Signature of Head of School/Discipline: _____

Print Name: _____

Date: _____

*NOTE: This section may not be signed by a member of the student's supervisory panel. Please arrange signature by another senior member of academic staff if this situation applies.

FOR OFFICE USE ONLY

ERID SI	MILESTONE DUE DATE	MILESTONE DUE DATE	CANDIDATURE/RTP	INTERNATIONAL INTERNATIONAL RTP	Y/N Y/N	MPHIL UPGRADE: 12MTHS/18MTHS IN ACTIVITIES APPROVAL: Y/N	CONDITIONAL
	Induction	Major Review	Expiry Date of Candidature	SERVICE INDICATOR ADDED	Y/N	CREDIT FORM ON TRIM: Y/N	
ERID S2	CCSP	IBPR	Expiry Date of RTP	SCHOLARSHIPS	Y/N	REMOTE FORM ON TRIM: Y/N	
	Annual Review	M Phil coursework	RTP code	GRADUATE CENTRE APPROVAL			OTHER

RESEARCH ENROLMENT FORM

PLEASE CHECK ALL SECTIONS. INCORRECT OR MISSING DETAILS ARE TO BE ANNOTATED IN THE NON SHADED AREAS.

SECTION 1 PERSONAL DETAILS		DATE OF BIRTH	06-AUG-1993
ID	1627462	SEMESTER PHONE	
COURTESY TITLE	Mr	HOME PHONE	0431158104
SURNAME	Schubert	WORK PHONE	
OTHER NAMES	Benjamin Wilhelm	MOBILE PHONE	0431158104
MAILING ADDRESS	Mr Benjamin Wilhelm Schubert 63 Avenue Road HIGHGATE SA 5063	Mr Benjamin Wilhelm Schubert 3/64 Belford Avenue PROSPECT SA	POST CODE 5082
PERMANENT HOME ADDRESS	Unit 3 40 Albert Street GOODWOOD SA 5034	Mr Benjamin Wilhelm Schubert 3/64 Belford Avenue PROSPECT SA	POST CODE 5082
BILLING ADDRESS	Only use this option if you wish your invoices to be sent to an address other than those indicated above		
E-MAIL ADDRESS	benjamin.schubert@student.adelaide.edu.au	CAMPUS/HOSPITAL LOCATION: Please specify the campus or hospital in which you will undertake your research:	North Terrace Campus
OVERSEAS STUDENTS PLEASE SPECIFY YOUR COUNTRY OF CITIZENSHIP	Australia		

SECTION 2 STATISTICAL DETAILS (You must complete this section)	
The information you provide below is required by the Commonwealth Government. The University undertakes to provide the information to the Commonwealth Government as statistical data only and will not provide information on individual students.	
1. Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Islander origin, mark both "Yes" boxes.	
Aboriginal	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Torres Strait Islander	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
2. Citizenship and residence status during this semester (only tick ONE box)	
A. Australian citizen	<input checked="" type="checkbox"/>
B. Temporary resident visa, a visit visa or a student visa	<input type="checkbox"/>
C. Residing overseas during this semester but you are not an Australian or New Zealand citizen.	<input type="checkbox"/>
D. Permanent resident status and you are not an Australian or New Zealand citizen.	<input type="checkbox"/>
D.i. Date residency granted (office use)	<input type="text"/>
D.ii. Have you resided continuously in Australia since then? Yes <input type="checkbox"/> No <input type="checkbox"/>	
D.iii. Residency sighted (office use)	<input type="checkbox"/>
E. New Zealand citizen	<input type="checkbox"/>
3. In what country were you born?	
<input checked="" type="checkbox"/> Australia	<input type="checkbox"/> Overseas Country <input type="text"/>
4. Year of first arrival in Australia <input type="text"/>	
5. Do you speak a language other than English at your permanent home residence? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
If yes, indicate language that is spoken most often	
Italian <input type="checkbox"/>	Greek <input type="checkbox"/>
Cantonese <input type="checkbox"/>	Mandarin <input type="checkbox"/>
Arabic <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Other <input type="checkbox"/>	Please Specify: <input type="text"/>

Previous Studies: For each of the 6 items below indicate whether you have either never commenced, commenced or completed the type of study at any educational institution		Amend where information is missing/incorrect			
	1. Never Commenced	2. Commenced but not completed	3. Completed	Last year of enrolment (if boxes 2 or 3 ticked)	
6. Post Graduate Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2016	
7. Degree Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Non VET sub Degree Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. VET award Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Final year of Secondary Education at School or TAFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2011	
11. Other Qualification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION 3 EMERGENCY CONTACT (Please specify your primary contact within Australia)		Is this your next of kin? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Emergency Contact	Full Name: Anna Schubert	Relationship: Sister	
Residential Address:	63 Avenue Road Highgate		
Phone Contact	Home: 0401963742	Work:	Mobile: 0401963742

NEXT OF KIN/EMERGENCY CONTACT 2 (This contact can be outside of Australia)	
Emergency Contact	Full Name: Angela Schubert
Residential Address:	95 Oxford Terrace Port Lincoln
Phone Contact	Home: 8683 3018

SECTION 4 LIBRARY SERVICES	
Do you give permission for your name to be disclosed to a reader who wishes urgently to consult a book that you have on loan from the library?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

SECTION 5 EXTERNAL STUDENTS ONLY	
Do you give permission for your name to be released to another external student?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 6 DISABILITY SUPPORT SERVICE (optional)	
Do you have a disability that could affect your performance as a student? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Please tick the following boxes that apply to you.	
RESTRICTED MOBILITY <input type="checkbox"/>	LEARNING <input type="checkbox"/>
HEARING IMPAIRMENT <input type="checkbox"/>	MEDICAL <input type="checkbox"/>
VISION IMPAIRMENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
Would you like to receive advice on support services, equipment and facilities which may assist you?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Answering this question is optional. Please note that this information will be treated with the utmost confidentiality. It is requested for the purpose of providing appropriate student support. Please contact the Disability Liaison Officer for further assistance.	

OFFICE USE ONLY			
Career: PGRS	Program: PHENG Ph.D in Engineering	Plan: PHDMECH	Ph.D in Mechanical Engineering
Admission Category:	HECS:	Advanced Standing:	

PRIVACY INFORMATION


The personal and academic information supplied in this enrolment form will be used by the University and its associates (including the Student Unions, the Australian Vice-Chancellors Committee (AVCC) and AVCC member institutions) to administer student enrolment, academic progress, scholarship selection and entry to other academic programs. The University must by law, if requested, disclose student's personal and academic information to relevant government organisations.

DECLARATION

I declare that the information provided by me in this enrolment form is complete and correct to the best of my knowledge and not misleading. By signing this enrolment form; I

- agree to be bound by the Statutes, Regulations, Rules and such other conditions as may be stipulated by the University from time to time.
- agree to the release of my enrolment and other student information (including academic transcripts) as required by law or other relevant personal or organisations within and outside the University.
- understand that I will receive my invoice electronically via Access Adelaide and that an email will be sent to my University of Adelaide student email account notifying me when an invoice is available.

I understand that if any of the information provided by me in this Form is subsequently found to be incomplete, incorrect or misleading, the University may elect to terminate my enrolment from a date determined by the University or, deem my enrolment to be void from the date of enrolment, without any liability on the part of the University. The University is not obliged to reimburse any costs and expenses I have paid or incurred as a consequence of my enrolment.

STUDENT SIGNATURE  DATE 21/12/2016

This enrolment cannot be finalised until the student or duly authorised proxy signs this form.

THIS FORM MUST BE SIGNED BEFORE IT IS RETURNED

ADDENDUM TO PREVIOUS STUDIES SECTION (6-11) OF POSTGRADUATE RESEARCH ENROLMENT FORM

RETURN THIS ADDENDUM ATTACHED TO YOUR ENROLMENT FORM

Student Name: Benjamin Schubert ID No: 1627462

The federal government has requested that any commencing student supply the following information regarding the highest level of education completed by his/her parent(s)/guardian(s).

What is the education level of your parent(s) or guardian(s)?**Parent/Guardian 1**☒ Male ☐ Female ☐ No parent/guardian☐ Postgraduate qualification (eg graduate diploma, masters degree, PhD)☒ Bachelor Degree☐ Other post-school qualification (eg associate degree, diploma, advanced diploma, completed apprenticeship, VET/TAFE certificate)☐ Completed Year 12 schooling or equivalent☐ Completed Year 10 schooling or equivalent, continued at school, but didn't complete Year 12 schooling or equivalent☐ Completed Year 10 schooling or equivalent☐ Didn't complete Year 10 schooling or equivalent☐ Don't know**Parent/Guardian 2**☐ Male ☒ Female ☐ No parent/guardian☐ Postgraduate qualification (eg graduate diploma, masters degree, PhD)☐ Bachelor Degree☒ Other post-school qualification (eg associate degree, diploma, advanced diploma, completed apprenticeship, VET/TAFE certificate)☐ Completed Year 12 schooling or equivalent☐ Completed Year 10 schooling or equivalent, continued at school, but didn't complete Year 12 schooling or equivalent☐ Completed Year 10 schooling or equivalent☐ Didn't complete Year 10 schooling or equivalent☐ Don't know