



CAASTRO New Student Membership Form

The ARC Centre of Excellence for All-sky Astrophysics (CAASTRO) aims to establish Australia as the world leader in the emerging discipline of wide-field astronomy. **We are delighted to receive your application for CAASTRO student membership.**

Type of Membership you are applying for:

- PhD
- Masters by Research (incl MPhil)
- Honours/Coursework Masters
- Pre-PhD
- Outreach

Your Details

Title: Mr, Mrs, Ms, Miss, (circle) or other: _____

Given Name: _____ Surname: _____

Institutional Affiliation(s): _____

Country: _____

Telephone: Work _____ Mob/Cell _____

Email: _____ Twitter handle _____

Details for your study:

Proposed Thesis Title: _____

Primary Supervisor and their Institutional Affiliation(s): _____

Other Supervisor and their Institutional Affiliation(s): _____

Note: At least one of your Supervisors must be a CAASTRO Chief Investigator:
see <http://caastro.org/who-we-are/people> for a list of CAASTRO Chief Investigators.*

* CAASTRO students should have a CAASTRO CI as one of their supervisors, but we will consider exceptions to this on a case-by-case basis.

Start date of degree: _____

Anticipated completion date for degree: _____

Brief summary of your thesis research project(s) (guide 200 words):

Please describe how the thesis research project(s) that you described above contributes or relates to CAASTRO's existing or upcoming research activities (maximum 200 words):

Your proposed contribution will be across the following CAASTRO All-Sky themes:

Dark Dynamic Evolving

Privacy Policy

Your personal information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your personal information is used or disclosed.

By signing below, you are consenting, that on obtaining personal information it may be used or disclosed by the organisation for the following purposes: to receive regular e-newsletters from CAASTRO; to receive invitations and marketing material from CAASTRO; and to receive other Astronomy information that is considered relevant. At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

I, _____ give my permission for my personal information to be collected, used and disclosed as described above. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict at anytime by notifying CAASTRO in writing.

I also agree that I will contribute to CAASTRO's goals and key performance indicators, adhere to relevant CAASTRO policies, and will report outputs and activities relevant to CAASTRO as requested by CAASTRO administrative/executive staff. I also agree to participate in the CAASTRO Mentoring Program.

Signature: _____ Date: ____/____/____

Approved by the Primary Supervisor:

Signature: _____ Date: ____/____/____

Approved by Supervising CAASTRO Chief Investigator* (if different from Primary Supervisor):

Signature: _____ Date: ____/____/____

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For Office Use	
Nominated Mentor (Different Node)	