

# Application for Confirmed Enrolment

Te Mata Kairangi School of Graduate Research  
The University of Waikato  
Hamilton 3240, New Zealand

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www.waikato.ac.nz/students/research-degrees/



THE UNIVERSITY OF  
**WAIKATO**  
Te Whare Wānanga o Waikato

## SECTION 1 – TO BE COMPLETED BY THE CANDIDATE

Student ID  Part time  Full time  PhD  SJD  DMA  EdD (Part 2)  
 Thesis in Te Reo  PhD by Thesis  PhD with Publication  PhD with a Creative Practice Component

Family name First name/s

Postal address

- I confirm that I am domiciled in New Zealand  
 I confirm that I have uploaded my final Research Proposal to Moodle and provided the Turnitin report to my Chief Supervisor

- Ethics approval attached. Please also indicate ethics approval type below:  
 Animal Ethics and/or Human Ethics  Full Approval  Phased Approval  Preliminary Approval

If ethical approval is considered unnecessary a **statement confirming this must be included in your research proposal**

Please indicate that the Chief Supervisor and student have reviewed 'Hazard Identification for Research Project Proposal' form: **Yes/No**

Phone Email

School/Faculty / Division Department/Programme

**Thesis Title**

### Self Evaluation

	Excellent	Very Good	Satisfactory	Unsatisfactory
Technical skills expected to be required for this study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conceptual or theoretical knowledge of field of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to evaluate literature critically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to design appropriate methods of investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to develop and present coherent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to focus on the research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rate the overall quality of my work as	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

Signature Date

**SECTION 2 – TO BE COMPLETED BY THE CHIEF SUPERVISOR**

	Excellent	Very Good	Satisfactory	Unsatisfactory
Technical skills expected to be required for this study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conceptual or theoretical knowledge of field of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to evaluate literature critically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to design appropriate methods of investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to develop and present coherent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to focus on the research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rate the overall quality of the candidate's work as	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

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I confirm that I am satisfied with the Turnitin report score

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUPERVISORY PANEL – ONLY REQUIRED IF THERE ARE PANEL CHANGES**

Please Note: If this is a PhD with a Creative Practice Component, please ensure that a Creative Practice Supervisor remains or is replaced on the panel

**Original Supervisory Panel:**

**Chief supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Second supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Third supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Fourth supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Proposed Supervisory Panel:**

**Chief supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

Will there be any conflicts of interest if you join this supervision panel?  Yes  No  
 Please indicate how many panels you are currently a member of as a: \_\_\_\_\_ Chief Supervisor \_\_\_\_\_ Supervisor

**Second supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

Will there be any conflicts of interest if you join this supervision panel?  Yes  No  
 Please indicate how many panels you are currently a member of as a: \_\_\_\_\_ Chief Supervisor \_\_\_\_\_ Supervisor

**Third supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

Will there be any conflicts of interest if you join this supervision panel?  Yes  No  
 Please indicate how many panels you are currently a member of as a: \_\_\_\_\_ Chief Supervisor \_\_\_\_\_ Supervisor

**Fourth supervisor** Name \_\_\_\_\_ Signature \_\_\_\_\_

Will there be any conflicts of interest if you join this supervision panel?  Yes  No

Please indicate how many panels you are currently a member of as a: \_\_\_\_\_ Chief Supervisor \_\_\_\_\_ Supervisor

**SECTION 3 – TO BE COMPLETED BY THE CONFIRMATION PANEL**

Achieved  
Partially Achieved  
Not Achieved

The candidate completed their Confirmed Enrolment Presentation on \_\_\_\_/\_\_\_\_/\_\_\_\_

The candidate has demonstrated sufficient knowledge and understanding of the research topic

The research proposal outlines an appropriate theoretical framework which could lead to a defensible thesis

The proposed research is original or adds value to existing knowledge

The research proposal outlines an appropriate and feasible research design

The candidate has completed all coursework as required under the conditional enrolment agreement N/A

If rated partially or not achieved for any of the above, please provide more information below:

The candidate will be based primarily

On campus    Location: \_\_\_\_\_

Off campus    Location: \_\_\_\_\_

Does the candidate have access to the required resources and facilities to conduct their research? *Note: It may be necessary to revisit this question more than once during the candidature.*

**The Confirmation Panel recommends the following outcome option:**

- Confirm enrolment\* (If yes, proceed to Section 5)
- Revision and resubmission required\* (detail below)
- Transfer to MPhil degree
- Recommend termination of enrolment

**Comments:**

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**\* The Confirmation Panel recommends revision and resubmission:**

- Revision of the proposal and no further presentation required
- Revision of the proposal and a second presentation required    Presentation date: \_\_\_\_\_

Revisions will be checked and signed off by:

- Chief Supervisor
- Full supervisory panel
- Full confirmation of enrolment panel

\*Once the revisions have been finalised, please complete page 4 to confirm the outcome.

**The Application for Confirmed Enrolment must be completed within nine months from the candidate's commencement of enrolment in the degree (full-time equivalent). Once the confirmation panel has reached a decision (including checking any revisions if required - Section 4), all parties must then complete Section 5 and submit this application to the School of Graduate Research. If revisions are required, please keep hold of this paperwork until Section 4 and 5 is complete and a final outcome is confirmed.**

**SECTION 4 – REVISIONS: TO BE COMPLETED BY THE CONFIRMATION PANEL AS INDICATED IN SECTION 3**

**Following the revision of the proposal, the confirmation panel recommend the following outcome:**

- Confirm enrolment
- Transfer to MPhil degree
- Recommend termination of enrolment

**Comments:**

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**SIGNATURES FOR APPROVAL OF REVISIONS:**

**SIGNATURE OF THE CHIEF SUPERVISOR**

- I confirm that I am satisfied with the Turnitin report score of the revised research proposal

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE SECOND SUPERVISOR (if required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE THIRD SUPERVISOR (if required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE FOURTH SUPERVISOR (if required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE CHAIR OF DEPARTMENT/HEAD OF SCHOOL OR NOMINEE (if required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE OR NOMINEE (if required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5 – APPLICATION FOR CONFIRMED ENROLMENT SIGNATORY PAGE**

By signing this section, parties confirm that they agree with the recommendation of the confirmation panel.

**SIGNATURE OF THE CHIEF SUPERVISOR**

Comments \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE SECOND SUPERVISOR**

Comments \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE THIRD SUPERVISOR**

Comments \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE FOURTH SUPERVISOR**

Comments \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE ATTENDING CHAIRPERSON OF DEPARTMENT/HEAD OF SCHOOL OR NOMINEE**

Department/School 1 \_\_\_\_\_

Comments \_\_\_\_\_

**EFTS apportionment** \_\_\_\_\_ **% of EFTS** \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department/School 2 \_\_\_\_\_ (if necessary)

Comments \_\_\_\_\_

**EFTS apportionment** \_\_\_\_\_ **% of EFTS** \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF THE POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE OR NOMINEE**

Comments \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of this form, please forward it (along with the final proposal) to Te Mata Kairangi School of Graduate Research:  
SGR@waikato.ac.nz.

# Hazard Identification for Research Project Proposal

To be completed prior to project approval and retained with other relevant project documentation.

Project Title	
Principal Researcher Name	Student <input type="checkbox"/> Academic <input type="checkbox"/> Other <input type="checkbox"/>
Location of Research	Course code if relevant
Date	Project ID

My project has no specified hazards

or

My project has one or more specified hazards as marked below and where further hazard controls are required, beyond normal operating procedures, these will be documented prior to project commencement. Where identified, I have included significant control costs in the project budget.

Specified hazardous activity		Comment
Contact with animal, plant, human material	<input type="checkbox"/>	
Contact with hazardous substances including chemicals or asbestos	<input type="checkbox"/>	
Use of radioactive materials or sources	<input type="checkbox"/>	
Entry to confined spaces, trenches, mines, quarries or other underground spaces	<input type="checkbox"/>	
Working above 2m including construction or forestry work	<input type="checkbox"/>	
Entry to construction sites, prisons, farms or other high-hazard facilities	<input type="checkbox"/>	
Working on live electrical installations	<input type="checkbox"/>	
Work with mobile plant, heavy machinery, pressure vessels, lifts	<input type="checkbox"/>	
Work near roadways, highways, rivers	<input type="checkbox"/>	
Aquatic or aviation activity	<input type="checkbox"/>	
Remote field work	<input type="checkbox"/>	
International travel to MFAT high risk location	<input type="checkbox"/>	
Other hazardous activities (specify)	<input type="checkbox"/>	

For assistance with this form, please contact [healthandsafety@waikato.ac.nz](mailto:healthandsafety@waikato.ac.nz) or technical support personnel within your Division.