



CoC PRESENTATION PROCESS – instructions for primary supervisors

1. The primary supervisor is to complete Section 1 (pages 1 & 2) of this form and submit it to health-hdr@deakin.edu.au
2. Ensure you have followed the process as outlined in the Confirmation of Candidature guidelines.
3. Ensure you provide 3 proposed dates/times, allowing 1.5 hours for confirmation presentation and panel deliberations.
4. Ensure you list all supervisors for the student who should be included on the panel.

Section 1

To be completed by Primary Supervisor

Student Name	
Student ID	
1st proposed date/time	
2nd proposed date/time	
3rd proposed date/time	
Format of presentation	<input type="radio"/> Live Pre-recorded justification: <input type="radio"/> Pre-recorded
	<input type="radio"/> Public Private justification: <input type="radio"/> Private
Title of Presentation	
Brief Abstract <i>(200 words only)</i>	

PANEL DETAILS

HDR Candidate

Name and title	Affiliation	Email address	Attendance
			<input type="radio"/> In person <input type="radio"/> Remote by _____

Primary Supervisor/s

Name and title	Affiliation	Email address	Attendance
			<input type="radio"/> In person <input type="radio"/> Remote by _____
			<input type="radio"/> In person <input type="radio"/> Remote by _____

Associate Supervisor/s

Name and title	Affiliation	Email address	Attendance
			<input type="radio"/> In person <input type="radio"/> Remote by _____
			<input type="radio"/> In person <input type="radio"/> Remote by _____

Other Supervisor

Name and title	Affiliation	Relevant expertise	Email address	Attendance
				<input type="radio"/> In person <input type="radio"/> Remote by _____

EXTERNAL PANEL DETAILS

- Include details about external panel member, affiliation and relevant expertise as well as contact details; external panel members should be outside of the School of supervisor.
- Indicate if there is a conflict of interest for supervisor/student:

Yes, there is a conflict: Details: _____

No, there is no conflict

External

Name and title	Affiliation	Relevant expertise	Email address and mobile	Attendance
				<input type="radio"/> In person <input type="radio"/> Remote by _____

External (if required)

Name and title	Affiliation	Relevant expertise	Email address and mobile	Attendance
				<input type="radio"/> In person <input type="radio"/> Remote by _____

Primary Supervisor Signature		Date	
HDR Co-ordinator Signature (Proposed panel sign-off)		Date	

Section 2

To be completed by Faculty of Health HDR Support team

PANEL DETAILS

HDR Coordinator or Representative

Name and title	Affiliation	Email address	Attendance
			<input type="radio"/> In person <input type="radio"/> Remote by _____

Head of School or Representative

Name and title	Affiliation	Email address	Attendance
			<input type="radio"/> In person <input type="radio"/> Remote by _____

Confirmed date	
Confirmed start time	
Confirmed end time	
Room number	
VMP number	

- Confirmation details entered into the online confirmation system
- Outlook calendar invitations created
- Confirmation document uploaded into the online confirmation system by the student
- Confirmation document distributed to the panel
- Turnitin document distributed to the panel Chair and HDR Coordinators
- Confirmation and Turnitin documents filed on Faculty share drive