Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of enrolment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current submission date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Total duration of previous extensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures: HDR candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal supervisor (on behalf of supervisory team):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CRICOS Provider No. 00103D | RTO Code 4909

**HDR Project Check-up – Mid Candidature**

Please complete one of the three tables provided based on your stage of candidature. Please edit or extend the table if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mid Candidature tasks** | | **Complete?** (If partially complete, indicate %) | **Completion date** (or target completion date) | **Impacted by COVID-19 and associated restrictions?** | **Notes** |
| Collection or generation of data or research evidence | Stage or study 1 |  |  |  |  |
| Stage or study 2 |  |  |  |  |
| Stage or study 3 |  |  |  |  |
| etc. |  |  |  |  |
| Synthesis and analysis of data | Stage or study 1 |  |  |  |  |
| Stage or study 2 |  |  |  |  |
| Stage or study 3 |  |  |  |  |
| etc. |  |  |  |  |
| Induction and getting set up for research | |  |  |  |  |
| Requirements of SDP Year 2 | |  |  |  |  |
| Refine thesis structure | |  |  |  |  |
| Drafting chapters | |  |  |  |  |
| Conference attendance | |  |  |  |  |
| Preparing publications (where relevant) | |  |  |  |  |

Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of enrolment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current submission date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Total duration of previous extensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures: HDR candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal supervisor (on behalf of supervisory team):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_