**Part A: To be completed by the Applicant**

|  |  |
| --- | --- |
| Applicant Name |  |
| NHMRC Administering Institution |  |
| Project Title |  |
| Grant Application Number (obtain from SmartyGrants) |  |
| Grant Type(s) | **People Support**  PhD Scholarship  Postdoctoral Fellowship  Early Career Fellowship  Practitioner Fellowship  **Research Project Grant**  Innovator Grant  Accelerator Grant  Translator Grant |

**Part B: To be completed by the Administering Institution’s Director, Research Management Office or equivalent (or Graduate School for PhD Scholarship applications)**

I confirm that the application meets the following eligibility criteria:

* The applicant‘s proposed project is within at least one of CHQ’s eight priority areas of research
* Grant application budget is not more than $645,000 for the lifetime of the grant
* The applicant’s line manager / employer is aware of, and supports, the application
* Applicant adheres to additional eligibility criteria for each grant type as outlined in section 3 of the *Children’s Hospital Foundation 2018 Preclinical and Clinical Research Grant Application Guidelines*

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: | Director, Research Management Office  Graduate School Authorised Officer (Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

|  |  |
| --- | --- |
| **Supervisor Confirmation (for PhD Scholarship Applicants)** | |
| Signature: |  |
| Date: |  |
| Printed Name: |  |