**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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