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

|  |  |
| --- | --- |
| Applicant Name |  |
| NHMRC Administering Institution |  |
| Research Proposal Title |  |
| Grant Application Number (obtain from SmartyGrants) |  |
| Grant Type(s) | Mary McConnel Career Boost Program for Women in Paediatric Research |

**Part B: To be completed by the Administering Institution’s Director, Research Management Office or equivalent**

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 $50,000
* The applicant’s line manager / employer is aware of, and supports, the application
* Applicant adheres to the eligibility criteria as outlined in section 3 of the *Children’s Hospital Foundation 2018 Mary McConnel Career Boost Program for Women in Paediatric Research Application Guidelines*

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| --- | --- |
| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: | Director, Research Management Office |