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| Primary Applicant / Professor |  |
| NHMRC Administering Institution |  |
| Grant Reference Number (obtain from SmartyGrants) |  |

**TO BE COMPLETED BY THE DEPUTY VICE-CHANCELLOR, RESEARCH**

I confirm that the proposal described in the Application meets the following eligibility criteria:

* The Administering Institution is willing and able to name the Centre the “Woolworths Centre for Childhood Nutrition” and provide sponsor recognition (Woolworths – Children’s Hospital Foundation lock-up) in all Centre marketing
* The Primary Applicant listed on the Application is suitably qualified and experienced to lead the Woolworths Centre for Childhood Nutrition Research
* The Primary Applicant’s line manager / employer is aware of, and supports, the application
* The Administering Institution’s financial / in-kind support for the Woolworths Centre for Childhood Nutrition Research that has been specified in the budget / research proposal has been confirmed and approved
* The application adheres to additional eligibility criteria as outlined in section 4 of the *Children’s Hospital Foundation Application Guidelines – Woolworths Centre for Childhood Nutrition Research*

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| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: |  |