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

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| --- | --- |
| Applicant Name |  |
| NHMRC Administering Institution |  |
| Project Title |  |
| Grant Application Number (obtain from SmartyGrants) |  |
| Grant Type(s) | **People Support**  PhD Scholarship  PhD Scholarship Top-Up  Postdoctoral Fellowship  Early Career Fellowship  Practitioner Fellowship  **Project Support**  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 / PhD Scholarship Top-Up applications)**

I confirm that the application meets the following eligibility criteria:

* Outcomes from the applicant’s research demonstrate support for advancing Children’s Health Queensland Hospital and Health Service Strategy; and benefit children’s health and healthcare delivery in Children’s Health Queensland and/or other Queensland health services caring for children and adolescents
* The 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 2019 Preclinical and Clinical Research Grant Application Guidelines*

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

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