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

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| --- | --- |
| Applicant Name |  |
| NHMRC Administering Institution |  |
| Abstract Title |  |
| Grant Application Number (obtain from SmartyGrants) |  |
| Grant Type | **Research Travel Grant** |

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

I confirm that the application meets the following eligibility criteria:

* The applicant‘s proposed funded travel is within at least one of CHQ’s eight priority areas of research
* Applicant is a current PhD student, postdoctoral researcher or early career researcher
* Proposed travel will occur in the 2019 calendar year
* Applicant adheres to eligibility criteria as outlined in section 5 of the *Children’s Hospital Foundation 2019 Travel 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 Student Applicants)** | |
| Signature: |  |
| Date: |  |
| Printed Name: |  |