

Clinician Research Fellowships 2024

Certification and Signatures

Instructions

1. The full name of all signatories must be typed into this certification form.
2. All signatories must tick the relevant statements to indicate their endorsement of the application, and sign and date their respective sections.
3. Upload a scanned copy of the signed certification pages in the final section of the application.
(Please note that this document will become locked for editing once it has been signed electronically)

Clinician Research Fellowship Reference Code:

e.g. CRF-608-2024

Applicant Certification

Select the statements as certification of the application

I meet the eligibility criteria as a Clinician Researcher for the purpose of the Clinician Research Fellowships.

I have uploaded a CV/Resume (max 4 pages)

I have uploaded a Proposal Supporting Document (max 2 pages)

I have uploaded a Research Environment Supporting Document (in correct order with page maximums)

The information I have provided in the application is true and correct.

I authorise Metro North to make any enquiries considered necessary in relation to this application.

I have read, understood and agree to abide by the Clinician Research Fellowship Guidelines including the terms of funding.

I understand that all requisite eligibility criteria must be met to be considered eligible.

Name:

Date:

Signature:

Head of Department Certification

Select the statements as certification of the application

I have read the Fellowship proposal and support the submission of this application.

I acknowledge the Fellowship applicant will require operational support to be released from clinical duties if successful.

I will work with the applicant if successful to backfill the clinical position as outlined in the Terms and Conditions of Funding.

I will provide the operational and resource support as outlined in this application if the application is successful.

Name:

Position:

Date:

Signature:

Primary Supervisor Certification

Select the statements as certification of the application

I have read the Fellowship proposal and support the submission of this application.

I will support the applicant if successful, and will perform the roles and responsibilities outlined in the application.

Name:

Date:

Signature:

Secondary Supervisor Certification *(if applicable)*

Select the statements as certification of the application

I have read the Fellowship proposal and support the submission of this application.

I will support the applicant if successful, and will perform the roles and responsibilities outlined in the application.

Name:

Date:

Signature:

Executive Director Certification

Select the statements as certification of the application

I have read the Fellowship proposal and support the submission of this application.

I will support the applicant if successful as outlined in the application.

Name:

Facility:

Date:

Signature: