

Metro North Health Pre-RHD Scholarships 2024

Certification and Signatures

Pre-RHD Scholarship Application Reference Code:

obtained from Smartygrant application e.g. PRS-123-2024

Applicant:

By signing this document, you certify that:

- You are a Metro North employee with an appointment for the duration of the scholarship period.
- You are committed to enrolling in a Research Higher Degree.
- The information provided in the application is true and correct.
- You have read, understood and agree to abide by the terms as outlined in the Pre- RHD Scholarship program Guidelines.

Name:

Date:

Signature:

Head of Department:

By signing this document, you certify that:

- You fully support this application and are in agreement with the terms of the Scholarship program.
- You acknowledge that the applicant will require operational support to be released from clinical duties if successful.
- You will work with the applicant if successful to backfill their clinical position to enable the maximum number of research days, unencumbered by other work duties.

Name:

Department:

Date:

Signature: