Clinician Research Fellowships 2025

Certification and Signatures

Clinician Research Fellowsh	ip Reference Code:	e.g. CRF-708-2025
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Clinician Research Fellowship Reference Code: e.g. CRF-	708-2025
Applicant	
By signing this document, you certify that:	
 you meet the eligibility criteria as a Clinician Researcher for the p 	ourpose of the Clinician Research Fellowships.
 the information provided in the application is true and correct. 	
you have read, understood and agree to abide by the Clinician Re	search Fellowship Guidelines including the terms of funding.
Name:	
Date:	
Signature:	
Signature.	
Head of Department	
By signing this document, you certify that:	
• you have read the Fellowship proposal and support the submission	n of this application.
• you acknowledge the Fellowship applicant will require operational	l support to be released from clinical duties if successful.
• you will work with the applicant if successful to backfill the clinical	al position as outlined in the Terms and Conditions of Fundin
• you will provide the operational and resource support as outlined	in this application if the application is successful.
Name:	
Position:	
Signature:	Date:
Executive Director	
By signing this document, you certify that:	
• you have read the Fellowship proposal and support the submission	n of this application.
• you will support the applicant if successful, as outlined in the appl	ication.
Name:	
Facility:	
Signature:	Date:



Primary Supervisor

By signing this document, you certify that:

- you have read the Fellowship proposal and support the submission of this application.
- you will support the applicant if successful, and will perform the roles and responsibilities outlined in the application.

Name:
Date:
Signature:
Secondary Supervisor (if applicable)
By signing this document, you certify that:
• you have read the Fellowship proposal and support the submission of this application.
• you will support the applicant if successful, and will perform the roles and responsibilities outlined in the application.
Name:
Date:
Signature: