Clinician Research Fellowships 2027

Certification and Signatures

Clinician Research Fellowship Reference Code: *e.g. CRF-911-2027*

Applicant

By signing this document, you certify that:

- you meet the eligibility criteria as a Clinician Researcher for the purpose 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 Research Fellowship Guidelines including the terms of funding.

Name:

Signature: **Date:**

Head of Department

By signing this document, you certify that:

- you have read the Fellowship proposal and support the submission of this application.
- you acknowledge the Fellowship applicant will require operational support to be released from clinical duties if successful.
- you will work with the applicant if successful to backfill the clinical position as outlined in the Terms and Conditions of Funding.
- 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 of this application.
- you will support the applicant if successful, as outlined in the application.

Name:

Facility:

Signature: **Date:**

Metro North Health | Queensland Government

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:

Signature: **Date:**

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:

Signature: **Date:**