Senior Clinician Research Fellowship 2027

Certification and Signatures

Senior Clinician Research Fellowship Reference Code: e.g. SCRF-123-2027

Applicant

By signing this document, you certify that:

- you meet the eligibility criteria;
- the information provided in the application is true and correct; and
- you have read, understood and agree to abide by the Senior Clinician Research Fellowship Guidelines.

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 of Funding; and
- you will provide the operational and resource support as outlined in this application if the applicant is successful.

Name:

Position:

Signature: **Date:**

Executive Director, Facility

By signing this document, you certify that:

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

Name:

Signature: **Date:**