Gold Coast Health
Clinician Researcher Fellowship

Applicant Certification Statement

By signing this certification page, I certify this submission and confirm that:

- The information provided in this application is true and correct
- I authorise Gold Coast Health 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, including document formatting and upload requirements to be considered eligible
- I understand that if I do not meet the requisite eligibility criteria, my application will be INELIGIBLE and will not be considered for review by the panel.

Fellowship Applicant Name	
Applicant Signature	
Date	

Head of Department Certification

In certifying this application, I acknowledge that:

- I have read this Fellowship proposal and support the submission of this application.
- 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	Title	First Name	Last Name
Position			
Department			
Facility of Service			
Signature			
Date			

Primary Supervisor Certification

In certifying this application, I acknowledge that:

- I have read this 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 to support the Fellow for their long-term research development (including but not limited to individualised research mentorship and a training /development plan, external research funding opportunities, grant writing expertise).

Primary supervisor name		
Signature		
Date		

Executive Director Certification

In certifying this application, I acknowledge that:

- I have read this Fellowship proposal and support the submission of this application
- I will support the applicant if successful as outlined in this application

Name	Title	First Name	Last Name
Division			
Signature			
Date			