**Part A: To be completed by the Applicant**

|  |  |
| --- | --- |
| Applicant Name |  |
| NHMRC Administering Institution |  |
| Research Proposal Title |  |
| Grant Application Number (obtain from SmartyGrants) |  |
| Grant Type(s) | Mary McConnel Career Boost Program for Women in Paediatric Research |

**Part B: To be completed by the Administering Institution’s Director, Research Administration Office or equivalent**

I confirm that the application meets the following eligibility criteria:

* Grant application budget is not more than $50,000
* The applicant’s line manager/employer is aware of, and supports, the application
* Applicant adheres to the eligibility criteria as outlined in sections 2 and 3 of the *Children’s Hospital Foundation 2022 Mary McConnel Career Boost Program for Women in Paediatric Research Application Guidelines*

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: |  |