

Letter of Support

2020 Early Career Fellowship Grant Round

Part A: To be completed by the Applicant

Primary Applicant Name	
Administering Institution	
Project Title	
Grant Application Number (obtain from SmartyGrants)	
Applicant Type	<input type="checkbox"/> Early Career Researcher, OR <input type="checkbox"/> Emerging Clinician Researcher

Part B: For all applicants - To be completed by the Administering Institution's Director, Research Management Office or equivalent:

I confirm that the application meets the eligibility criteria listed on pages 2 and 3 of the **2020 Preclinical and Clinical Early Career Research Funding Guidelines**

Signature:	
Date:	
Printed Name:	
Position:	

Part C: For Clinician Researchers - To be completed by the Clinician Researcher's Direct Line Manager:

I confirm that the application meets the eligibility criteria specific to **clinician researchers**, listed on page 2 of the **2020 Preclinical and Clinical Early Career Research Funding Guidelines**

Signature:	
Date:	
Printed Name:	
Position:	