 QUEENSLAND HEALTH RESEARCH FELLOWSHIP
FUNDING APPLICATION
DECLARATION

With reference to this Application for a Queensland Health Research Fellowship, I the nominated Fellow in the Application:

1. authorise Queensland Health ("the Department") to undertake any necessary checks to assess the Application, subject to any written notification as to confidentiality provided to the Department;

2. declare that:
   (a) the information supplied in this Queensland Health Research Fellowship Application is true, accurate and not misleading to the best of my knowledge;
   (b) I have received no guarantees or assurances that this Queensland Health Research Fellowship Application will be approved by the Department; and

3. acknowledge that if this Queensland Health Research Fellowship Application is successful, I will be bound by the Queensland Health Research Fellowship Funding Agreement Terms and Conditions (generic – version 2018.2), a copy of which was available on the Department’s website when the Application was completed.

SIGNED by the nominated Fellow:

.............................................................................  .............................................................................  .............................................................................
Nominated Fellow’s name                        Nominated Fellow’s signature                      date

We, the applicant organisation:

1. acknowledge that if this Queensland Health Research Fellowship Application is successful, we will be bound by the Queensland Health Research Fellowship Funding Agreement Terms and Conditions (generic – version 2018.2), a copy of which was available on the Department’s website when the Application was completed; and

2. agree that when the Queensland Health Research Fellowship Funding Agreement Terms and Conditions Execution Page is signed by the delegated officer from Queensland Health ("the Department"), a legally binding agreement will exist between the applicant organisation and the State of Queensland (represented by the Department) consisting of the following:
   a) the Queensland Health Research Fellowship Application and any supporting information,
   b) the Queensland Health Research Fellowship Funding Rules – Nursing and Midwifery Research Fellowships (Round 5), and
   c) the Queensland Health Research Fellowship Funding Agreement Terms and Conditions (generic – version 2018.2).

SIGNED for and on behalf of the applicant organisation:

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Applicant organisation                          Applicant organisation’s signature              date
representative’s name                           representative’s signature

in the presence of:

.............................................................................  .............................................................................
name of witness                                  signature of witness