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 2023.11), 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***   *da*

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 2023.11), 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 – Queensland Health Clinical Research Fellowships (Round 4), and
   c) the Queensland Health Research Fellowship Funding Agreement Terms and Conditions (generic – version 2023.11).

SIGNED for and on behalf of the **applicant organisation**:

…………………….………………..   ………………………..…………………….   …………………………

Applicant organisation   *Applicant organisation's*   *date*

*representative's **name***   *representative's **signature***

in the presence of:

……………………………………………..   ………………………………….………

***name** of witness*   ***signature** of witness*