**Professional reference form**

This form is required for all applicants of a fellowship or grant.

*Please choose a professional referee who can comment on your ability to undertake your research or project. Attach a scanned copy of this completed form with your online application.*

**Applicant’s name**

|  |  |  |
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| Title | First name | Surname |

**Professional referee details**

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| Title | First name | | Surname | | |
| Position | | | | | |
| Address: | | | | | |
| State: | | Postcode | | | Fax: |
| Telephone: | (H) | | | (M) | |
| E-mail: | | | | | |
| Signature: | | | | | |

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| Please provide detail about the above applicant’s:   * Proposed research or project * Ability to successfully complete the proposed research or project * Ability to make a significant contribution to nursing and/or midwifery through their research or project.   Please write your comments below: |
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