**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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