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| **THIS LETTER OF SUPPORT IS TO BE COMPLETED BY THE PRIMARY SUPERVISOR** |

Please send this letter **directly** to [CPAResearchGrants@cerebralpalsy.org.au](mailto:CPAResearchGrants@cerebralpalsy.org.au)

**Please send this letter by the closing date of the grant round. Failure to submit this by the deadline will result in the application being removed from consideration.**

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| **PART A – APPLICATION DETAILS** |

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| Application ID |  |
| Title |  |

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| **PART B – APPLICANT DETAILS** |

|  |  |
| --- | --- |
| Applicant full name |  |
| Applicant email |  |
| Institution |  |

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| **PART C – PRIMARY SUPERVISOR DETAILS** |

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| --- | --- | --- |
| Title | Choose an item. |  |
| Full name |  | |
| Email |  | |
| Institution |  | |
| Position |  | |

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| **PART D – LETTER OF SUPPORT** |

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| How would you rank the applicant’s academic record? | Please place an X in the most appropriate %  Top 5%  Top 10%  Top 20%  Top 50%  None of the above |

|  |  |
| --- | --- |
| Likelihood of student to complete the PhD with more than 3 publications | Choose an item. |
| Equipment, space, research assistance, other laboratory support and institutional facilities that will be available to the applicant and the project | Choose an item. |
| Does the applicant have other sources of funding to support their PhD study? | Choose an item. |

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| What are the major strengths of the applicant?  *(no more than three points)* | 1 |  |
| 2 |  |
| 3 |  |
| If relevant, do you support the scholar undertaking their studies part-time? |  | |
| Additional comments |  | |

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| **PART E – CERTIFICATION** |

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| *Primary Supervisor Signature* |
| *(Full Name) – (Date Signed)* |