**2023 Clinical Grant Round**

Letter of Support – Uniting*Care* Hospital

**Part A: To be completed by the Primary Applicant**

|  |  |
| --- | --- |
| **Primary Applicant Name:** |  |
| **Uniting*Care* Hospital(s) where the project will be conducted:** |  |
| **Project Title:** |  |
| **SmartyGrants Application Number:** |  |
| **Strategic Area of Research:** | Choose an item. |

**Part B: To be completed by the General Manager of the Uniting*Care* Hospital(s) where the project will be conducted**

I confirm that the application meets the following eligibility criteria:

[ ]  I agree to the applicant’s proposed research project being conducted within the Uniting*Care* Hospital(s) identified above;

[ ]  The applicant’s Line Manager/Employer (if applicable) is aware of and supports the application; and

[ ]  The application adheres to the eligibility criteria defined in the *Wesley Research Institute 2023 Clinical Grant Round Guidelines.*

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |