Please insert your organisation’s letterhead in the header section of this document and delete this text.

**Reference letter for the 2024-25 Premier’s Awards for Health and Medical Research**

# Applicant details

|  |  |
| --- | --- |
| Full name: |  |
| Email: |  |

# Referee details

|  |  |
| --- | --- |
| Title and full name: |  |
| Email: |  |
| Contact number: |  |
| Position: |  |
| Organisation: |  |

# Relationship to applicant

|  |  |
| --- | --- |
| What is your relationship to the applicant? |  |
| How long have you known the applicant? |  |

# Assessment criteria

For details on assessment criteria please refer to section 4.3 of the program guidelines.

|  |  |
| --- | --- |
| Item 1: Please describe in one hundred to two hundred words how, in your view, the applicant’s research meets the Premier’s Awards for Health and Medical Research criteria for quality and significance of research project outcomes. |  |
| Item 2: Please describe in one hundred to two hundred words in what ways you believe the applicant has displayed independence and autonomy in their research. |  |
| Item 3: If the applicant is applying for the Awards for Early Career Researchers, please describe in one hundred to two hundred words what ways you believe the applicant has demonstrated qualities of an emerging leader in their field. |  |
| Item 4: If the applicant is applying for the Legacy Award, please describe in one hundred to two hundred words what ways you believe the applicant has demonstrated qualities of an established leader in their field. |  |

# Acknowledgements

Please select the checkbox in the right column of each row in the box below to confirm or consent to the items in the left column.

|  |  |
| --- | --- |
| I consent to the release of this letter to third parties for the purposes of the assessment of applications. |  |
| I confirm that the applicant has provided me with a copy of the 2024-25 Premier’s Awards for Health and Medical Research program guidelines. |  |
| I confirm that I have read, understood, and accept the privacy statement as outlined within the program guidelines. |  |
| I consent to be contacted for further information if required. |  |

# Signature panel

Insert referee signature

Insert referee name

Insert referee position

Insert referee organisation

Insert date in DD/MM/YYYYY format