

**‘Quinlivan’ Research Grants Program – Attachment F**

**Nomination of possible assessors**

|  |  |
| --- | --- |
| Primary Investigator’s Name |  |
| Current Department & Institution |  |

### **Possible Assessors**

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| --- |
| **Possible assessor 1** |
| Surname |  | First name |  | Title |  |
| Current appointment |  |
| Institution |  | Department |  |
| Postal address |  |
| Phone numbers |  |
| Email |  | Fax |  |
| Reason for referral |  |

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| **Possible assessor 2** |
| Surname |  | First name |  | Title |  |
| Current appointment |  |
| Institution |  | Department |  |
| Postal address |  |
| Phone numbers |  |
| Email |  | Fax |  |
| Reason for referral |  |

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| **Potential assessor 3** |
| Surname: |  | First name |  | Title |  |
| Current appointment |  |
| Institution |  | Department |  |
| Postal address |  |
| Phone numbers |  |
| Email |  | Fax |  |
| Reason for referral |  |

### **Request not to assess**

If there is any particular potential assessor/s whom you would prefer not to assess this application, please provide details below. Add more lines if necessary.

|  |  |  |
| --- | --- | --- |
| Name of assessor | Organisation and Department | Detailed reason for exclusion request |
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