

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

**Nomination of possible assessors**

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

### **Possible Assessors**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |