**Confidential candidate report for Health Promotion Research Fellowship**

**Report on applicant by nominated referee**

|  |  |  |
| --- | --- | --- |
| **Name of applicant:** | |  |
| **Institution:** |  | |
| **Project title:** |  | |
| **Due date:** |  | |

*Note to applicant: Please complete the above and forward to the nominated referee with a completed copy of the application. It is recommended you agree on a date for submission of this report to Healthway.*

**PART A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | I have known the candidate for | |  | Years |
| 2. | I have known the candidate as (e.g. friend, student, colleague) | |  | |
| 3. | I have been his/her (e.g. tutor, dept head) |  | | |

**PART B**

Please provide a brief written report to assist the selection committee in evaluating the candidate’s ability. Do not exceed 3 pages.

Briefly comment on the following areas:

1. Candidate’s understanding of the area of study.
2. Ability of the candidate to communicate orally and in writing.
3. Candidate’s ability to understand and evaluate the scientific literature in the field.
4. Knowledge and ability of the candidate to use basic research techniques.
5. Ability of the candidate to collaborate and engage with the nominated partner agency(s).

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1. State the candidate’s main weaknesses and whether they are likely to affect his/her ability to complete the proposed research.
2. Relevance (in your opinion) of the candidate’s research to health promotion in Western Australia.

**Referee's details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | |
| **Institution:** | |  | | | |
| **Signature:** | |  | |  |  |
| **Date:** |  | |

Once this form is completed, please email it directly to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au).