



**APPLICATION FOR THE FACULTY OF HEALTH SCIENCES
POSTDOCTORAL RESEARCH FELLOWSHIP SCHEME 2009**

TESTIMONIAL FROM REFEREE

**IN CONFIDENCE
DO NOT ATTACH THIS TESTIMONIAL TO THE APPLICATION**

*THIS REPORT IS CONFIDENTIAL TO MEMBERS OF THE SELECTION COMMITTEE.
PLEASE SEND YOUR REPORT DIRECTLY TO Ms JULIE CAMERON, TEAM LEADER, RESEARCH & INNOVATION,
FACULTY OF HEALTH SCIENCES, THE UNIVERSITY OF SYDNEY, PO Box 170, LIDCOMBE, NSW 1825, AUSTRALIA
(PHONE No: +61 2 9036 7321, EMAIL: FHS.RESADMIN@USYD.EDU.AU)*

CLOSING DATE: 21ST NOVEMBER 2008

1. PERSONAL DETAILS

| | |
|------------------|--|
| Applicant | |
|------------------|--|

2. PROJECT TITLE

| |
|--|
| |
|--|

3. TESTIMONIAL

PLEASE COMMENT SPECIFICALLY ON THE FOLLOWING (ATTACH ADDITIONAL PAGES, IF NECESSARY):

- (1) Research record of the applicant, including quality of work and capacity to undertake the proposed research; and**
- (2) Potential of the applicant to conduct independent research in the future.**

| |
|--|
| |
|--|

NAME: _____ **SIGNATURE:** _____ **DATE:** _____
(Please Print)