

**SYLVIA AND CHARLES VIERTEL CHARITABLE FOUNDATION
CLINICAL INVESTIGATOR
COVER SHEET**
(PLEASE EMAIL A PDF VERSION, AND POST 9 COPIES OF THE FULL APPLICATION)

INSTITUTION

(to which funds will be paid)

CANDIDATE

(name)

Current position title

Address

Phone

Fax

Email

Date of birth

Definitive Clinical Position

(to which this application relates, state whether or not this is a part or fulltime clinical appointment)

Title of project/research

Date of appointment/commencement

(if not already in the position)

Term of appointment

Nature of duties expected

(include the extent of your clinical involvement)

Salary provider

e.g. NHMRC, Hospital, Institution

What is the source of funds?

e.g. University, Hospital, NHMRC, other grants
(specify proportion from each source)

Contact person

(for notification of application result)

Name

Position

Department and address

Phone

Fax

Email