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| 1. **Project** **Details**
 |
| Chief Investigator: |
| Project Title: |
| 1. **Referee Details**
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|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Position |  |
| Area of Expertise |  |
| Email address |  |

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| 1. **Project Assessment**
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| Appropriateness of Method*Please give brief details of your assessment of the applicant’s proposed project method* |
| Relevance*Please comment on the relevance of the proposal to the advancement of hospital pharmacy or health care* |
| Significance and Originality*How would you rate the significance and originality of the project?* |
| Completion*Is the proposal likely to be completed as outlined, with reference to the time frame and budget? Comment on the applicant’s ability to complete the project.* |
| Limitations*Please comment on any limitations of the project. Are there any issues of relevance not identified? If so, please outline.*  |
| Other Comments*Any other pertinent comments that will assist the committee in reaching a decision, including areas where the application could be improved.* |
| Rating*Please rate the application (tick appropriate box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor | Satisfactory | Good | Very good | Excellent |
|  |  |  |  |  |

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| Funding Recommendations*Please tick appropriate box*

|  |  |
| --- | --- |
| Full funding |  |
| Partial funding  |  |
| No funding |  |

 |
| Referee Signature: Date: |

Submit this form by uploading to the VicTAG website or emailing to professionalofficer@victag.org.au