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| 1. **Project** **Details** |
| Chief Investigator: |
| Project Title: |
| 1. **Referee Details** |
| |  |  | | --- | --- | | Name |  | | Organisation |  | | Position |  | | Area of Expertise |  | | Email address |  | |
| 1. **Project Assessment** |
| 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 | |  |  |  |  |  | |
| 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](mailto:professionalofficer@victag.org.au)