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#### REFEREE PEER REVIEW FORM

**Please email to** [**wmrf@momentumwaikato.nz**](mailto:wmrf@momentumwaikato.nz) **before the closing date of this grant round referred to on the website.**

*This report is confidential and will not be shared with the applicant.*

**Principal Applicant’s Name:**

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|  |

**Project Title:**

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**Referee’s Details:**

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| --- | --- |
| Full name: |  |
| Title / Position: |  |
| Name of institution: |  |

**Relationship to applicant and the referee’s ability to give an independent unbiased report:**

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**Please comment on the following aspects of the proposal.**

**Prior research performance and competence of the applicant(s):**

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**Intrinsic merit of the proposed research:**

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**Its relevance to medicine and health, particularly in the Waikato region:**

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**The likelihood the researcher(s) will achieve their stated aims:**

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Referee Peer Review

Ensure that the Foundation receives a minimum of two confidential referees’ reports from scientists or clinicians that can provide an independent and unbiased assessment of the project.

It is the responsibility of the Applicant to ensure that Referee Peer Review is completed and submitted by the due date <https://wmrf.org.nz/referee-peer-review/>