**Major Research and Innovation Application Support Program**

**External Program Eligibility Form**

To be completed by applicants where an External Program is not listed in the MRIAS *Guidelines and Conditions* to request an assessment of eligibility.

The Department of Health has final determination regarding the eligibility of External Programs.

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| **Applicant Name** |  |
| **Applicant Organisation** |  |
| **Email Contact** |  |
| **Telephone** |  |
|  |  |
| **External Program Entity** |  |
| **External Program** |  |

## Statement of Compliance Instructions:

1. Fully explain how the External Program complies with the MRIAS External Program eligibility criteria. Yes/No responses are insufficient.
2. Documents from the External Program Entity in relation to the relevant External Program Scheme, which support each Statement of Compliance, must be provided. The documents must include the External Program application guidelines, in full (including eligibility criteria and any restrictions). If not included in the guidelines, a copy of the application selection criteria and selection process should also be provided.

The Department of Health reserves the right to request additional documentation.

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| **Eligibility Criteria** | **Statement of Compliance** | |
| 1. Does the External Program require, or explicitly encourage, cash co-funding?   If yes to the above, does the External Program accept that the co-funding be sourced by the applicant from Government?   1. Is non-Government co-funding preferred over co-funding sourced through Government? | |  |
| 1. Does the External Program fund health and medical research and/or innovation? | |  |
| 1. Is the External Program nationally or internationally competitive? | |  |
| 1. Is the External Program nationally or internationally advertised and available to all potential applicants? | |  |
| 1. Does the External Program have a well-defined mechanism for competitive assessment and selection of applications, with an independent review panel? | |  |

## Applicant Declaration:

All information provided above is accurate and complete.

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| First Name, SURNAME |  | | |
| Signature |  | Date |  |