** BCFNZ Fellowships 2018**

**Referee Report Template**

REFEREES SHOULD EMAIL THIS FORM DIRECTLY TO grants@breastcancerfoundation.org.nz BY October 16, 2017

**Name of referee: Name of Fellowship applicant:**

**1. What is your opinion of the quality, feasibility and potential value of the applicant's proposed fellowship programme?**

**2. What is your opinion of the scientific and/or clinical capability of the applicant with regard to the proposed programme?**

**3. How long have you known the applicant, and in what capacity?**

**4. Is there anything else you would like to say about this candidate or their proposed project?**

**Thank you for taking the time to complete this template.**