**NHMRC Partnerships Projects 2024**

**Administering Institution Partner Waiver request**

This form can be used by an NHMRC Approved Administering Institution which is primarily involved in delivering health policy and/or health services and which seeks to be named as a partner on one or more Partnership Project applications.

A request form for an Administering Institution Partner Waiver (waiver) must be submitted by the Research Administration Office of the organisation seeking the waiver (i.e. not by the organisation which intends to administer the application). A request form must not refer to a particular application; if a waiver is granted, it will be valid for any Partnership Project application submitted for the year of the Grant Opportunity.

Completed request forms must be emailed to help@nhmrc.gov.au by 5:00 PM (ACT local time) on the due date of the relevant peer review cycle to receive a decision before the close date for that cycle. Applications submitted with Administering Institutions that do not have a waiver at the time of submission may be deemed ineligible. Request forms submitted after the due date will be processed in the next peer review cycle open for applications.

|  |  |
| --- | --- |
| **Name of Administering Institution seeking waiver:** |  |
| **Australian Business Number (ABN) of Administering Institution seeking waiver:** |  |
| **Date of request:** |  |
| **Request signed by Director (or equivalent):** |  |
| **Contact for request**  NAME: POSITION:EMAIL ADDRESS: |  |

**1. Mission Statement**

**Provide a web link to the Administering Institution’s Mission Statement, or an extract from it, as evidence of it being primarily involved in delivering health policy and/or health services.**

|  |
| --- |
|  |

**2. Role within the community**

 **Describe the Administering Institution’s role within the community**

|  |
| --- |
|  |

**3. Provide evidence that the Administering Institution is primarily involved in delivering health policy and/or health services as opposed to primarily conducting research.**

|  |
| --- |
|  |

**4. Provide an explanation as to why the Administering Institution is best placed to integrate evidence into health policy.**

|  |
| --- |
|  |

**5. Organisations that are capable of implementing policy and service delivery and would normally not be able to access funding through most NHMRC funding mechanisms are highly valued as partners. Describe how your organisation fits this description.**

|  |
| --- |
|   |

**6. Describe your relationship with any other NHMRC Approved Administering Institutions if you are an entity that falls under the “umbrella” of their institution. For example, such entities include those:**

* **with the same Australian Business Number/Australian Company Number as an Administering Institution;**
* **under the governance of an Administering Institution**
* **that are not a legal entity of their own, and fall under the auspices of an Administering Institution.**

|  |
| --- |
|  |