**Declaration of Receipt**

As part of your application for a fellowship, you are required to complete this form to disclose any other sources of funding you may be receiving, or have ever received, in relation to this research or project. This also includes any applications for funding you have pending.

**Applicant and Course Details**

|  |
| --- |
| Applicant Name: |
| Fellowship or grant you are applying for: |
| Are you undertaking a higher research degree? |
| If yes, name of higher research degree: |
| If yes, name of university: |

**Funding details**

|  |
| --- |
| Are you receiving funding for the research or project from any other source? |
| If yes, please provide details below for any approved or pending funding. *(If you have more than 5 sources of funding to declare, please complete on another sheet and attach.)* |

**Funding source 1**

|  |
| --- |
| Name of fund (if applicable): |
| Source of funding: |
| Total amount of funding: |
| Duration of funding: |
| Requirements/purpose of the funding: |
| Comments: |

**Funding source 2**

|  |
| --- |
| Name of fund (if applicable): |
| Source of funding: |
| Total amount of funding: |
| Duration of funding: |
| Requirements/purpose of the funding: |
| Comments: |

**Funding source 3**

|  |
| --- |
| Name of fund (if applicable): |
| Source of funding: |
| Total amount of funding: |
| Duration of funding: |
| Requirements/purpose of the funding: |
| Comments: |

**Funding source 4**

|  |
| --- |
| Name of fund (if applicable): |
| Source of funding: |
| Total amount of funding: |
| Duration of funding: |
| Requirements/purpose of the funding: |
| Comments: |

**Funding source 5**

|  |
| --- |
| Name of fund (if applicable): |
| Source of funding: |
| Total amount of funding: |
| Duration of funding: |
| Requirements/purpose of the funding: |
| Comments: |

**Applicant declaration**

I declare that:

* I have disclosed all of the funding that I am currently receiving in relation to this research or project.
* I have disclosed all of the pending funding applications that I have applied for in relation to this research or project.
* I declare that the information supplied is true and correct.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete this form and attach a scanned copy with your online application.*