**HFA GRANTS APPLICATION**

**DOCUMENT FOR REFEREE**

**INSTRUCTIONS:**

*Dear applicant,**please complete the applicant section and forward the present document for completion to an* ***independent referee****, who is not attached to your present or proposed host department. Once completed please include and upload it to your online application.*

**APPLICANT**:

**First name**: Click or tap here to enter text. **Last name**: Click or tap here to enter text.

**Project**: Choose an item.

**REFEREE:**

*The applicant has applied for an HFA Grant. Please provide the following information to the Heart Failure Association of the ESC.*

1. **Referee’s contact details**

**First name:** Click or tap here to enter text. **Last name:** Click or tap here to enter text.

**Title**: Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Name and address of your department:** Click or tap here to enter text.

1. **Length of time you have known the candidate**

Click or tap here to enter text.

1. **Your comments on the candidate's ability and suitability for (further) research or training and any other points which you consider would be helpful to the HFA**

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Signature of Referee:** | **Date:** |
|  | Click or tap to enter a date. |