

### Research Grant Program 2026

### Nomination of possible peer reviewers/assessors

See *Information & Instructions for applicants* document for details on how to complete this form.

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| **Primary investigator’s full name** |  |
| **Institution** |  |
| **Department** |  |
| **Project title** |  |

### Possible peer reviewers/assessors

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| **Possible assessor 1** |
| **Surname** |  |
| **First name** |  |
| **Professional title** |  |
| **Current appointment** |  |
| **Institution** |  |
| **Department** |  |
| **Email** |  |
| **Phone numbers** |  |
| **Postal address** |  |
| **Reason for recommendation** |  |

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| **Possible assessor 2** |
| **Surname** |  |
| **First name** |  |
| **Professional title** |  |
| **Current appointment** |  |
| **Institution** |  |
| **Department** |  |
| **Email**  |  |
| **Phone numbers** |  |
| **Postal address** |  |
| **Reason for recommendation** |  |

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| **Possible assessor 3** |
| **Surname:** |  |
| **First name** |  |
| **Professional title** |  |
| **Current appointment** |  |
| **Institution** |  |
| **Department** |  |
| **Postal address** |  |
| **Phone numbers** |  |
| **Email** |  |
| **Reason for recommendation** |  |

### Request not to assess

If there are any assessor/s who you would prefer not to review this application, or who may have a perceived or actual conflict of interest, please provide details below. Add more lines if necessary.

|  |  |
| --- | --- |
| **Surname:** |  |
| **First name** |  |
| **Professional title** |  |
| **Organisation** |  |
| **Department** |  |
| **Detailed reason for exclusion request** |  |

### Consent to share Application

Applications for Macular Disease Foundation Australia funding undergo rigorous peer review processes that will require your application to be shared with external peer reviewers under signed agreements of confidentiality.

MDFA may also invite early career researchers to observe the evaluation proceedings of the Research Grant Review Panel. Observers sign non-disclosure agreements, have no access to the full peer review assessment or panel scoring and do not vote on the applications.

In case of conflicts of interest, Observers will not view applications and will leave the meeting while the particular application is being discussed.

MDFA requests your consent to share your application with Observers (in the absence of conflicts of interest).

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| **Name (printed)** |  |
| **Consent to share application with Observer(s)** | I consent |[ ]
| **Signature** |  |
| **Date** |  |