



Businesses applying for an R&D Fellowship Grant with Callaghan Innovation must identify an eligible student with the assistance of a New Zealand university (or tertiary education provider).

Please complete your business details below and provide this form to your university contact to complete.

This form will supplement your grant application. Please upload the signed form in section 3 of your online application.

For more information, talk to your Callaghan Innovation or Regional Business Partner account manager or phone us on 0800 4 CALLAGHAN.

BUSINESS DETAILS

Business name:

Contact person:

UNIVERSITY DETAILS

Organisation name:

Supervisor name:

Telephone:

Email:

Contract liaison name:

Telephone:

Email:

STUDENT DETAILS

Full name:

Telephone:

Personal Email:

Area of study:

Level:

Programme title:

Prog. code:

Thesis or project title:

Points for research component of qualification:

Duration of research thesis or project:

Enrolment status*:

* A student must be identified but does not need to be enrolled in a postgraduate programme for a Fellowship application to be considered and approved for funding. However, evidence of the student's enrolment must be provided before a funding agreement will be issued and any funding paid.

UNIVERSITY CONFIRMATION

The following sections are to be completed by the research office at the host university (or equivalent) and signed by an authorised signatory

Confirm research project is relevant to the student's field of study:

Confirm the research office at the university has been advised of this application:

Confirm that intellectual property arrangements have been agreed with the business:

Confirm the host tertiary education provider understands its health and safety obligations and will cooperate, coordinate and consult with the business regarding any [overlapping duties](#):

Confirm the host tertiary education provider has read, and understands, the Callaghan Innovation [Roles & Responsibilities Guidelines](#):

UNIVERSITY DECLARATION

I declare that, to the best of my knowledge, the information provided in this form is true and accurate

Full name:

Job title:

Signature:

Date: