**Research Management: Institute of Health and Wellbeing**

**Peer Review Form**

Please complete the mandatory information requested below.

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| Name of Principal Investigator (PI):  |
| Click or tap here to enter text. |

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| Project type:  |
| Choose an item. |

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| Title: |
| Click or tap here to enter text. |

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| Value: |
| Click or tap here to enter text. |

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| Deadline for submission |
| Click or tap here to enter text. |

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| Funder name: |
| Click or tap here to enter text. |

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| Names of at least two proposed reviewers: |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Completed by Research Management Team |
| Date of Completion: | Project Co-ordinator: |
| Click or tap here to enter text. | Click or tap here to enter text. |