



**ROB PIERCE GRANT IN AID
CERTIFICATION BY SUPERVISOR/HEAD OF DEPARTMENT**

I certify that _____

is an early career researcher within 5 years of completion of his/her Ph.D. (or equivalent)
and is currently engaged in sleep research in my laboratory/department.

Signature: _____

Date: _____

Print name: _____

Position: _____

Institution: _____

Please upload this completed form in your online application