

Project Title:	
Project ID:	
Chief Investigator:	
Administering Organisation:	

A. Investigators

- I have read and understood the Instructions to Applicants.
- I have read and accept the Terms and Conditions of Funding.

Electronic signatures / images are acceptable

1. CI Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
2. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
3. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
4. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
5. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
6. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
7. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
8. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
9. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>
10. Name:	<input type="text"/>	Signature: _____	Date: <input type="text"/>

B. Certification by Head of Department:

- I certify that this project is appropriate to the general facilities in my Department, with all safety requirements satisfied, and that I am prepared to have the project carried out in my Department.

Name:

Position Title:

Signature: _____

Date: _____

C. Certification by Head of Organisation:

- I have read and accept the Terms and Conditions of Funding.
- I certify that this project satisfies all the requirements of this Organisation and that the classifications quoted for personnel are in accordance with practice at this Organisation.

Name:

Position Title:

Signature: _____

Date: _____