

**Application Details**

Applicant Name (CIA):	
Project Title:	
Application ID:	

**Head of Department/Division\***

*\*This section must be certified by the applicant's Head of Department. Where the applicant is a Nurse or Allied Health employee, the respective Directors of Allied Health and Nursing must sign this section. If the Allied Health or Nursing-led research project is being conducted within another department, then the Head of Host Department Certification must also be completed.*

I have reviewed this grant application and I certify that:

- I support the applicant and endorse the activity proposed in this application;
- to the best of my knowledge, all information provided in the application is correct;
- infrastructure and facilities will be supported by this Department; and
- the Budget is acceptable to the Division/Department and any additional costs incurred will be supported by this Division/Department

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Head of Host Department Certification^**

*^This section need only be completed where the department in which the research is being carried out differs to the applicant's department.*

I have reviewed this grant application and I certify that:

- I support the activity proposed in this application;
- to the best of my knowledge, all information provided in the application is correct;
- infrastructure and facilities will be provided within the Department.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_