



Dementia Centre for Research Collaboration (DCRC) implementing research evidence into practice grants 2020

Chief investigator (applicant)

- I certify that I meet the eligibility criteria for the grant I am applying for, including residency status.
- I agree to notify DCRC immediately should I receive alternative funding for the project that is subject of this application, or if my eligibility against the stated criteria changes in any way.
- I certify that all the information given in this application is correct, and I will accept the decision of DCRC as final.

Name of applicant

Signature

Date

Associate investigators

I/we certify that all the information given in this application is correct, and I/we will accept the decision of the DCRC as final.

First associate investigator (if applicable)

Name of investigator

Signature

Date

Second associate investigator (if applicable)

Name of investigator

Signature

Date

Third associate investigator (if applicable)

Name of investigator

Signature

Date

Head of administering institution (or nominee)

I certify that this request satisfies the requirements of this institution and that this institution has established administrative procedures for assuring sound scientific practice in accordance with the Australian Code for the Responsible Conduct of Research. I confirm that the Applicant meets all eligibility criteria, including residency status.

Name

Position

Department

Institution

Signature

Date