|  |  |
| --- | --- |
| Project Title: |  |
| EOI Ref No.: |  |

[ ]  I have read and understood the Instructions to Applicants

[ ]  I have read and accept the Terms and Conditions of Funding.

|  |
| --- |
| **CHIEF INVESTIGATOR:** |
| Name: |  |
| Signature: |  | Date: |  |

**ASSOCIATE INVESTIGATORS:**

|  |  |
| --- | --- |
| 1. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 2. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 3. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 4. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 5. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 6. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 7. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 8. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 9. Name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| 10 Name: |  |
| Signature: |  | Date: |  |

**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: |  |

**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: |  |