



'Quinlivan' Research Grants Program 2021-2022 – Attachment E

Certifications

Primary Investigator

The Primary Investigator certifies that:

- ✓ All the details on this Proposal are true and complete;
- ✓ I agree to abide by the funding agreement to be signed should the application be successful;
- ✓ I understand and agree that all statutory requirements must be met before the proposed research can commence;
- ✓ Any actual or potential conflicts of interest have been declared in this application and have been made known to the administering organisation;
- ✓ I will notify the Glaucoma Australia and the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this Application.

Name (printed)			
Signature		Date	

Certification by Head of Department or Centre

- ✓ I agree that the project can be accommodated within the general facilities in my Department/Centre and that sufficient working and office space is available for any proposed additional staff;
- ✓ I am prepared to have the project carried out in my Department/Centre under the circumstances set out in the Proposal

Name (printed)			
Position			
Department/Centre		Institution	
Signature		Date	

Certification by Head of Administering Institution (or nominee)

I certify that this application for the Glaucoma Australia 'Quinlivan' Research Grant Program 2021-2022 meets the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with the Joint NHMRC/AVCC Statements and Guidelines on Research Practice – Australian Code for the Responsible Conduct of Research.

Name (printed)			
Position			
Institution			
Signature		Date	