



## Cockell Research Collaboration Award Certification Form

All information and details provided in this application form are true and complete and

**I confirm that -**

- The project is viable in terms of the School/Centre/Institute resources and the funds requested.
- All budget items have been appropriately costed.
- The project may be accommodated within the facilities of the School/Centre/Institution, and sufficient working and office space is available for any proposed visiting personnel.
- The project will not be permitted to proceed until appropriate ethics clearance(s) has been obtained.
- Having read and understood the Conditions attached to this application I am willing to observe them.

**Signature of Applicant**

Full Name	
Signature	Date

**Signature of Head of School/Centre/Institution**

Full Name	
Signature	Date