



## Raine Priming Grants

### Certification Form

#### (1) Applicant and Associate Investigator(s)

*(To be signed by all Investigators)*

I/We declare that as Investigators named in this application, we have agreed to take part in the proposed research; and we further understand and agree that:

- (a) research which involves human or animal experimentation must be carried out in accordance with the guidelines set down in the NHMRC code of practice;
- (b) research which involves the use of recombinant nucleic acids constructed *in vitro* from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines set down by the Office of Gene Technology Regulator (OGTR);
- (c) research which involves the use of ionising radiation must have the risks involved assessed by a recognised Ethics, Safety or Bio-safety Committee before payment of any proposed grant can be made.

#### Signature of Applicant

Full Name	
Signature	Date

#### Signature of Associate Investigator(s)

Full Name	
Signature	Date

Full Name	
Signature	Date

Full Name	
Signature	Date

Full Name	
Signature	Date

**(2) Mentor**

I certify that I have read the application and confirm that I shall provide guidance and support in relation to this project during the term of the Grant.

Full Name	
Signature	Date

**(3) Head of School or Director of Centre/Institute**

I certify that:

- (a) the above project is acceptable and appropriate to the general facilities in the School/Centre/Institute;
- (b) the application has been reviewed by the applicant's mentor;
- (c) the budget costings have been checked by the School Manager (or equivalent Officer).

Full Name	
Signature	Date