

Anthony Rothe Memorial Trust

THIS PAGE MUST BE RETURNED WITH THE SIGNATURES REQUESTED

Application for grant funding for salaries for research workers and/or for maintenance costs

**Certification by Chief Investigators
Head of Department and Head of Institution**

Signatures of Chief Investigators

In signing this page, you certify that all details given in this application are correct and you agree to carry out the project in strict accordance with the requirements of the Anthony Rothe Memorial Trust

Signature

Date

A

B

C

D

Certification by Head of Department/Head of Research Committee

I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried out strictly in accordance with the requirements of the Anthony Rothe Memorial Trust

Use BLOCK letters

Surname

Title

Initials

Department

Signature

Date

Certification by Head of Administering Institution (Head of Institution or nominee)

I certify that this request satisfies all the requirements of this Institution, that this institution has established administrative processes for assuring sound scientific practice in accordance with the 'NHMRC Statement on Scientific Practice', and that this Institution will, if the application is successful, ensure that the grant is administered in accordance with requirements of the Anthony Rothe Memorial Trust

Use BLOCK letters

Surname

Title

Initials

Appointment

Department (if applicable)

Institution

Signature

Date