



Emergency Medicine Foundation

REPORTING

Certification Document

For Application ID:

Certification by Principal Investigator (and Supervisor, for Trainee Grants)

I certify that:

1. To the best of my knowledge the information contained in this report is complete, true and correct and I understand that the provision of false or misleading information may result in substantial penalties;
2. The Principal Investigator and Co-Investigators agree that this report is an accurate representation of the progress of the funded project for the period covered;
3. Relevant ethics and governance approvals have been maintained.

Position	Title	First name	Surname	Organisation	Signature	Date
PI						
Supervisor						

Certification by Head/s of Department/s (or equivalent) - (including the Director of Emergency Medicine)

I endorse the certification provided by the Principal Investigator. To the best of my knowledge and belief, information contained in this report is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.

Title	First name	Surname	Organisation	Signature	Date

Certification by Administering Institution

I certify that:

1. Monies received under this grant have been expended for the purpose of the grant;
2. Salaries paid under the grant are in accordance with the general rates in force at this institution at the time of payment;
3. The Financial Statement for the nominated period in this Six Monthly Progress/Final Report is true and correct.

Title	First name	Surname	Organisation	Signature	Date