Emergency Medicine Foundation

APPLICATION - Certification Document

For Application ID:

Certification by Research Champion

I certify that:

1. To the best of my knowledge, all required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met;
2. All named investigators on this application have read this application in full and given their consent to be included and acknowledge that the Emergency Medicine Foundation (EMF) may at any time request written documentation showing the named investigator's consent. If this request is not met, EMF may rescind the funding;
3. All Co-Investigators on this application are compliant regarding final and progress reporting for all active EMF Queensland Research Program grants on which they are Principal Investigators;
4. I agree to adhere to the conditions governing EMF grants provided in EMF Queensland Research Program guidelines and the funding agreement;
5. The grant will not be permitted to proceed until appropriate ethics and governance clearance(s) have been obtained;
6. I have read and agreed to the Privacy Notice below.

Title	First name	Surname	Organisation	Signature	Date

Certification by Head/s of Department/s (or equivalent)

(for Emergency Departments include the Director of Emergency Medicine)

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and complies with all eligibility and other application requirements detailed in EMF Queensland Research Program guidelines;
2. I am prepared to have this project carried out in my Department under the circumstances set out in this application;
3. The grant will be accommodated within the general facilities of this Department and appropriate infrastructure is available;
4. The grant will not be permitted to proceed until appropriate ethics and governance clearance(s) have been obtained;
5. I have read and agreed to the Privacy Notice below.

Title and Full Name	Position and Organisation	Signature	Date

Certification by Administering Institution

I certify that:

1. I am an authorised signatory on behalf of this Administering Institution;
2. This application satisfies all of the requirements of this organisation and that this organisation has established administrative processes for assuring sound scientific practice in accordance with the *Australian Code for the Responsible Conduct of Research;*
3. All funds awarded for the Grant will be used only for the purpose for which they were awarded;
4. Agreement has been reached with collaborators in this application, or will be reached prior to the commencement of this Grant, about IP ownership, financial arrangements and any other support specified in the form;
5. I have read and agreed to the Privacy Notice below.

Title and Full name	Position and Organisation	Signature	Date

Privacy Notice: All signatories consent to the information supplied as part of the application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel and the Research Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our privacy policy (located at http://emergencyfoundation.org.au/privacy-policy/) and the provisions of the Information Privacy Principles contained in the *Information Privacy Act* 2009 (Qld) which sets standards for the collection, storage, use and disclosure of, and access to, personal information.