



**MINISTRY OF HEALTH
RESEARCH GRANT AWARDS
APPLICATION FORM**

DECLARATIONS

This form is to be completed by the Applicant, Principal Investigator and Head of Department.

N.B. Parts 1, 2 and 3 of the Ministry of Health Research Grant Award must all be submitted in order to complete the application process.

Principal Investigator and Applicant

By signing this form I confirm the following:

1. I understand that this application will be peer reviewed;
2. I understand the reporting requirements required;
3. The information contained in this application is correct.

Principal Investigator

Name:	
Title:	
Signature:	
Date:	

Applicant

Name:	
Title:	
Signature:	
Date:	

Head of Department/Dean

By signing this form I confirm that:

1. The space and facilities are available to the participating researchers to carry out the proposed research;
2. The information contained in this application is correct.

Name:	
Title:	
Signature:	
Date:	