

## RESEARCH TRANSLATION GRANT IN DEMENTIA CARE - 2023 ENDORSEMENT FORM

### Chief Investigator (Applicant, CIA)

- I certify that I meet the eligibility criteria for the grant I am applying for, including residency status.
- I agree to notify Dementia Australia Research Foundation (DARF) immediately should I receive alternative funding for the project that is subject of this application, or if my eligibility against the stated criteria changes in any way.
- I certify that all the information given in this application is correct, and I will accept the decision of DARF as final.

<b>Name of Applicant</b>			
<b>Signature</b>		<b>Date</b>	

### Investigators

I/we certify that all the information given in this application is correct, and I/we will accept the decision of the DARF as final.

#### Investigator 1 (if applicable)

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

#### Investigator 2 (if applicable)

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

#### Investigator 3 (if applicable)

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

#### Investigator 4 (if applicable)

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Investigator 5 (if applicable)**

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Investigator 6 (if applicable)**

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Investigator 7 (if applicable)**

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Investigator 8 (if applicable)**

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Investigator 9 (if applicable)**

Chief Investigator  OR Associate Investigator

<b>Name of Investigator</b>			
<b>Signature</b>		<b>Date</b>	

**Head of Administering Institution (or nominee)**

I certify that this request satisfies the requirements of this institution and that this institution has established administrative procedures for assuring sound scientific practice in accordance with the Australian Code for the Responsible Conduct of Research. I confirm that the Chief Investigator meets all eligibility criteria, including residency status.

<b>Name</b>			
<b>Position</b>			
<b>Department</b>			
<b>Institution</b>			
<b>Signature</b>		<b>Date</b>	