**Project Details**

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| **Barwon Health Reference Number** |  |
| **Principal Investigator:** |  |
| **Project Title:** |  |

**Declaration by Head of Department**

I certify that

* I have read this application and the protocol for the above named project and;
* I certify that this research can be conducted under the auspices of Barwon Health utilising the resources outlined in the protocol.

**AND/OR** - (*Executive Officer’s approval is at the discretion of Head of Department*)

🞏 This application must be approved by the executive director of my department.

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| **Name: (Please print)** |  |
| **Title/Designation:** |  |
| **Signature:** |  |
| **Date signed:** |  |

**Declaration by Executive *(if applicable)***

I certify that

* I have read this application and the protocol for the above named project
* This research project can be conducted under the auspices of Barwon Health with the resources outlined in the protocol.

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| **Name: (Please print)** |  |
| **Title/Designation:** |  |
| **Signature:** |  |
| **Date signed:** |  |