**Project Details**

**DECLARATION BY HEAD OF DEPARTMENT**

|  |  |
| --- | --- |
| **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.

Name:

Designation:

Signature:

Date:

**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.

Name:

Designation:

Signature:

Date: