



Foundation Grants Round 2 Co-Investigator Authorisation Form

Applicant Name	
Project Title	
Primary Affiliation	

Authorisation by Co-Investigator

In signing below, I confirm that I agree to be listed as a named co-investigator on the above-mentioned proposal, and have reviewed and approve of my assigned responsibilities included in this application.

Full Name of Co-Investigator			
Primary Affiliation of Co-Investigator			
Signature of Co-Investigator		Date	

Submission Instructions

- Please return the signed Authorisation Form to the applicant to include in their online submission
- Forms should follow the naming convention of: SURNAME-CoI.PDF
- Queries can be directed to cgcpt-grants@unimelb.edu.au