Deakin University (the Administering Organisation) is required to obtain written evidence of the Future Fellowship Candidate, Host Organisation/s and Head of Department/s necessary to allow the Proposal to proceed as specified in the *Grant Guidelines for the Discovery Program (2019)* (the Grant Guidelines). The written evidence must be retained by the Administering Organisation. The ARC has the right to seek evidence from the Administering Organisation to support the certification of applications.

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| Name of Applicant: |  |
| Proposal ID: | FT210XXXXXXX |
| Proposal Working Title: |  |

**Certification by the Future Fellowship 2021 Candidate**

I certify that:

1. I have Head of School/Department support for this application
2. all the details on this application are true and complete;
3. **proper inquiries have been made and I am satisfied that I meet the eligibility criteria as specified in the Grant Guidelines**;
4. as a Participant listed on the application I have responsibility for the authorship and intellectual content of this application, and have appropriately cited sources and acknowledged significant contributions, including third parties, where relevant;
5. I have complied with the Grant Guidelines*,* and the *Future Fellowships Instructions to Applicants for funding commencing in 2021* and if the application is successful I agree to abide by the terms of the relevant Commonwealth grant agreement;
6. I understand and agree that all statutory requirements must be met before the proposed research can commence;
7. I have notified the Administering Organisation of all material personal and financial interests and actual or perceived Conflicts of Interest I may have in relation to the application and I undertake that I will notify the Administering Organisation of any personal material interests or Conflicts of Interest which arise subsequent to the submission of the application and will update my personnel details in my ARC Research Management System profile; and
8. I will notify the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this application.

In participating in this application, I consent to:

i) this application being referred to third parties, including to overseas parties, who will remain anonymous, for assessment purposes;

ii) this application being provided to third parties for the purposes of assessment for potential other funding opportunities; and

iii) the ARC copying, modifying and otherwise dealing with information contained in the application for the purpose of conducting the funding round.

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| Signature of Investigator:  |  |

**Certification by the Head of Department/School/Institute**

1. I am aware of the mandatory co-contribution requirements to match any Deakin Research cash contribution and I acknowledge and accept this.
2. I agree that the Fellowship can be accommodated within the general facilities in my Department/School/Institute and that sufficient working and office space is available for any proposed additional staff; and
3. I am prepared to have the Fellowship carried out in my Department/School/Institute under the circumstances set out in the application.
4. I agree that the project will not be permitted to commence until there is an ethics plan in place to ensure that the appropriate clearances or other statutory requirements will be met before the part/s of the project that require those clearances commence.

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| Name: |  |
| Position: |  |
|  |
| Signature: |  | Date: |  |

**Certification by organisations contributing to the Project (CEO or their delegate) if applicable**

I certify that:

i) my organisation supports the application and will contribute the resources outlined in the application; and

ii) I have complied with the grant guidelines, and if the application is successful I agree to abide by the relevant Commonwealth grant agreement including the requirement to enter arrangements for intellectual property.

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| --- | --- |
| Name: |  |
| Position: |  |
| Organisation |  |
|  |
| Signature: |  | Date: |  |