

**DISCLOSURES, CONSENT & SIGNATURES:**

**APPLICANT, SUPERVISOR/MENTOR, AND INSTITUTIONAL VALIDATION**

Via submission of this application, I certify that:

1. I have reviewed my full application for completeness. I understand that ENRICH assumes no responsibility in following up with me should my application be incomplete. I am aware that incomplete applications are withdrawn from the competition.
2. I consent and understand that the information supplied in this application will be made available to ENRICH personnel responsible for managing the peer review process, to review applications, to administer and monitor awards, to compile statistics, and to promote health research in Canada. This includes but is not limited to the ENRICH Selection and Executive Committee, Directorship Team, and funder's representatives.
3. I certify that my Research Proposal meets all ethical requirements outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2), The Ontario Personal Health Information Protection Act (PHIPA) 2004, The Health Canada Guidelines for Good Clinical Practice, The Declaration of Helsinki, and any other governing body at the National, Provincial, Local, and Institutional level which applies to my research.
4. By submitting this application, I confirm that myself and my supervisor/mentors have all reviewed and accepted the submission of this application.
5. I certify that the statements herein are original, true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I will acknowledge the award in full name in all my scientific, medical or other publications and presentations.

**If you are applying to a doctoral or postdoctoral award, your primary supervisor is required to sign. If you are applying to a clinician researcher new investigator award, your primary mentor is required to sign. All additional supervisor and/or mentor signatures are optional, on the second line.**

**Required:**

_____	_____	_____
<b>Applicant's Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Primary Supervisor/Mentor's Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Financial/Grant Services Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Department Head/Dean/Leader Host Institution</b>	<b>Signature</b>	<b>Date</b>

**Additional:**

_____	_____	_____
	<b>Signature</b>	<b>Date</b>
_____	_____	_____
	<b>Signature</b>	<b>Date</b>