**Application approvals**

*You must confirm on submission that you are authorised to make this application on behalf of the Host Institution. Please obtain authorised signatures and upload this page as a Supporting Document.*

**Application approved by:**

|  |
| --- |
| **Principal Investigator** |
| Name |  |
| Position |  |
| Department |  |
| Signature |  |
| Date |  |

### DECLARATION

I confirm/confirm on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Host Institution), that I am authorised to sign this declaration, and that in the event of this application being successful the research team will be accommodated and supported as described in the proposal. I understand that the entire direct costs of the project can be included in the project budget but that Crohn’s & Colitis UK does not pay university or departmental overheads.

|  |
| --- |
| **Host Institution** |
| Authorised Signatory |  |
| Position |  |
| Department |  |
| Signature |  |
| Date |  |