

Applicant Consent Form

Strategic Research: Secondary Stroke Prevention Health Services and Care

IMPORTANT NOTE: All Applicants **must complete and sign** this consent form and attach it to the application.

Nominated Principal Applicant: _____

Institution: _____

I give permission to the Heart and Stroke Foundation of Canada to forward a copy of this complete application to partner organizations to be used for record-keeping and statistical purposes only.

I give permission to allow administrative staff from partner organizations to observe the peer review process undertaken by the Heart and Stroke Foundation of Canada.

Please note: The Heart and Stroke Foundation of Canada will not retain or claim any ownership of intellectual property developed under this funding initiative.

I have fully read, and understand, the Heart and Stroke Strategic Research Guidelines 2007/2008 that apply to my application.

Nominated Principal Applicant

Print Name: _____

Signature: _____

Date: _____

If you have any questions please contact:

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