



Enhancing Health Care in Newfoundland and Labrador

A Research Fund following from the Cameron Inquiry

Authorization Forms

Section A – For Employees of Memorial University or other academic institutions

1	Applicant
	Printed Name
	Signature
	Date

2	Vice-President of Research (or equivalent)
	Printed Name
	Signature
	Date

3	Dean or Associate Dean
	Printed Name
	Signature
	Date



Section B – For Employees of the Health System (e.g. DHCS, Regional Health Authorities) or other Non-Profit Organizations

1	Applicant
	Printed Name
	Signature
	Date

2	Head of Division/Unit
	Printed Name
	Signature
	Date

Section C – For Students at post-secondary institutions (including employees of Regional Health Authorities or other non-profit organizations who intend to do the proposed project as part of their degree program)

1	Applicant
Printed Name	
Signature	
Date	

2	Academic Supervisor
Printed Name	
Signature	
Date	

3	Vice-President of Research (or equivalent)
Printed Name	
Signature	
Date	