Schedule 1 – Details

Research Project	As described in Schedule 2
Title	
Commencement Date	On signing of this Agreement
Completion Date	
University's representative (investigator)	Name: Title: Phone: Email: School:
Bendigo Health's representative (investigator)	Name: Title: Phone: Email:
University's address for notices	Attention: Address: Email:
Collaborator's address for notices	Attention: David Ray, Director – Procurement Address, Post: PO Box 126, Bendigo, Victoria 3552 Address, Street: 100 Barnard Street, Bendigo, Victoria 3550 Email: dray@bendigohealth.org.au
Contributions:	
Cash	
Time(s) for payment	
In-kind	
Background IP	
Project IP	
Equipment and materials	
Project team	

Schedule 2 – Research Project

Attach Research Protocol

Schedule 3 – Special Conditions