



College of Intensive Care Medicine
of Australia and New Zealand
ABN: 16 134 292 103

Specialist Training Program (STP) Final Report Financial Statutory Declaration

This must be signed by the Chief Executive Officer or Chief Financial Officer of the Participants, or a person authorised by the Participant to execute documents and legally bind it by their execution.

This report relates to STP Post #.....

I,

(Full Name)

Of

(Organisation)

Do solemnly and sincerely declare that:

1. The detailed **Statement of Receipt and Expenditure** provided in respect of the **2018 – 2020** Specialist Training Program (STP) and the STP training post(s) listed above is true and correct;
2. The funds and Other Contributions received under the Agreement were spent for the purpose of the Project and in accordance with this Agreement and that the Participant has complied with this Agreement;
3. Salaries and allowances paid to persons involved in the Project are in accordance with any applicable award or agreement in force under any relevant Law on industrial or workplace relations; and
4. At the time the Final Report is provided to the CICM, the Participant is able to pay all its debts as and when they fall due.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at

This day of 20.....

.....

Signature of person making this declaration

Position:

Participant: