

Colgate CARE Program

#1 Registration Form, Privacy and Legal Statements

Please provide the following information. Please review the Privacy Statement and Legal Statements below, and sign off acknowledgement of these statements. Please submit this form with your completed grant application, including all required supporting documentation.

FULL NAME:

ACADEMIC INSTITUTION:

ADDRESS:

TELEPHONE:

EMAIL:



Colgate CARE Program

PRIVACY STATEMENT

At Colgate, we are committed to promoting the highest ethical standards, and fostering a culture built on respect for, and trust among, Colgate people. As part of that trusting culture, we are committed to protecting your personal data.

When you submit the application for a Colgate C.A.R.E. grant, we will collect certain information about you, which is necessary for processing your application. We will collect the following information (“Your Data”): your name, contact information, resume or CV, previous work experience, education, transcripts, or other information you provide to us in connection with the application process.

Your Data will only be used in the following ways: to review and process your application to determine your eligibility for a Colgate C.A.R.E. Grant; to communicate with internal team members in reference to the grant process; to establish with future partnerships with Colgate scientists; and to consult with members of the review committee made up of external experts (the “Review Committee”) who will be bound by the terms of this Privacy Statement. We will share Your Data with the external experts on the review committee and any third parties you have listed in your application to provide references or to confirm information in your application such as your educational qualifications and work history.

We have in place reasonable physical, administrative and technical safeguards to Your Data against loss, theft and unauthorized access, disclosure, copying, use, modification or disposal. For more information on how Your Data will be protected, please visit Colgate’s privacy policy, available at: <https://www.colgatepalmolive.com/en-us/legal-privacy-policy/privacy-policy>
Your Data is retained in accordance with local law.

By providing Your Data to Colgate, you consent to:

Your Data being processed in accordance with this Privacy Statement and Colgate’s Privacy Policy, and your Data being shared with internal and external team members, who may be outside of the U.S. and Canada, for the purposes specified in this Privacy Statement.

☐ **I consent to the terms of this Privacy Statement.**

Signature: _____ Date: _____



Colgate CARE Program

LEGAL STATEMENTS

Grant recipients will be chosen at the Review Committee’s sole discretion based on how well the proposal meets the selection criteria. The Review Committee’s decision is final and binding, and no correspondence will be entered into.

The Review Committee accepts no responsibility for late, lost or misdirected entries or other communications or for error, omission, interruption, deletion, defect or delays in system operations.

The Review Committee reserves the right to request verification of any information relevant to awarding of the grant. Verification is at the discretion of the Review Committee, whose decision is final. The Review Committee reserves the right to disqualify anyone who is involved in any way in manipulating, tampering or interfering with the conduct of this program.

Colgate would like to receive as much project/technical information as possible from you, but only on a non-confidential basis. Colgate may use such information in any way it sees fit without compensation or legal responsibility to anyone. Furthermore, Colgate may have internal programs related to and/or directed to same or similar areas.

The academic institution a successful applicant is associated with will be required to enter into an agreement with Colgate before any funding will be granted.

- ☐ I confirm that I am a 1st time in career, full-time, permanent faculty member, appointed less than or equal to 5 years appointed in a US or Canadian accredited dental or research university program, and am not a visiting faculty member from another (home) research or dental university.
- ☐ I confirm that I am authorized by my academic institution to make this application.
- ☐ I confirm that all the information I am supplying and will supply is true and correct.
- ☐ I agree to be contacted if further information about my application is required by the Review Committee.
- ☐ I agree to be bound by the conditions and rules set forth herein as well as in the Program Guidelines and other documentation.

Signature: _____ Date: _____

