**Academic Clinical Fellowship Support Grant Request Endorsement**

Project Title:

Lead Applicant Name:

Amount Requested:

OGA Reference:

**Endorsements**

**Service Endorsement/Centre Lead**

*(e.g. Service Manager or equivalent)*

[ ]  *I confirm I fully endorse the application and that any future associated running costs will be met from an appropriate budget. The application meets the strategic direction of my organisation*

Name:

Job Title:

Signature:

Date:

**Operations Endorsement/Institute Director**

*(e.g. Operations Director or equivalent)*

[ ]  *I confirm I fully endorse the application. The application meets the strategic direction of my organisation*

Name:

Job Title:

Signature:

Date:

**Finance /JRMO Endorsement**

*(Appropriate Finance Manager)*

[ ]  *I confirm I fully endorse the application and that any future associated running costs will be met from an appropriate budget. The application meets the strategic direction of my organisation*

Name:

Job Title:

Signature:

Date