**Nurse/ AHP Clinical Research Fellowship Endorsements**

Every application will need endorsements from the functions listed below. If your proposed endorser is also a co-applicant, arrange for an alternative endorser such as their deputy, as we cannot accept an application endorsed by a co-applicant.

Project Title:

Lead Applicant Name:

Amount Requested:

OGA Reference:

**Signatures**

**Main Applicant (Fellow)**

Name:

Job Title:

Signature:

Date:

**Co-applicant 1 (Main Supervisor)**

Name:

Job Title:

Signature:

Date:

**Endorsements**

**Service Manager/Centre Lead Endorsement**

[ ]  *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 Director/Institute Director Endorsement**

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

Name:

Job Title:

Signature:

Date:

**JRMO Endorsement**

[ ]  *I confirm I fully endorse the application and confirm that all the costings submitted with the application has been produced by our office, in compliance with SMD and BH policies*

Name:

Job Title:

Signature:

Date