Appendix 2: Signature Form



HRB Post-Doctoral Internship Programme Application – Signature Form

Full name of applicant:

Signatures below confirm acceptance and agreement with HRB’s Terms and Conditions, that the Institution has read the guidelines, ensures the applicant meets the eligibility criteria, and is supportive of his/her application being considered for a HRB Post-doctoral Internship.

1. VP Research or equivalent person authorised to endorse research grant applications for the Host Institution:

I confirm that the host institution is willing to accept and administer the award, if successful.

Name (BLOCK CAPITALS):

Position/ Institution (BLOCK CAPITALS):

Signature: Date:

Email address:

2. Host Institution Sponsor:

Name (BLOCK CAPITALS):

Signature: Date:

Email address:

3. HRB Post-doctoral Internship Programme applicant:

Name (BLOCK CAPITALS):

Signature: Date: