****

**HRCI-HRB Joint Funding Scheme 2024**

**PART D2: Host Institution Signature Form**

|  |
| --- |
| **Title of Application** |
|  |

|  |
| --- |
| **Lead Applicants Name** |
|  |

|  |
| --- |
| Dean of Research or equivalent person authorised to endorse research grant applications for the Research Institution I have read this application and the relevant Guidance notes, I confirm that all staffing/budget issues have been discussed with the applicant and I confirm that the research institution is willing to accept and administer the award, if successful.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/ Institution (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |