|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This form must be signed by a senior member from the central administration of the host organisation. | | | | | | |
| Please see the terms and conditions for awards before signing this form. | | | | | | |
|  | | | | | | |
| Healthcare Infection Society reference:  (this can be found on the award letter) | | |  | | | |
|  | | | | | | |
| Your reference for the grant:  (maximum 25 characters in length) | | |  | | | |
|  | | | | | | |
| Grantholder: | |  | | | | |
|  | | | | | | |
| Start date: | |  | |  | | |
|  | | | | | | |
| Currency of award:  (as specified in award letter) | |  | | Amount of award: |  | |
|  | | | | | | |
| Starting salary for fellow:  (if applicable) | |  | |  | | |
|  | | | | | | |
| I am writing to confirm my Organisation’s acceptance of the above grant on the conditions set out in the letter of award and attached regulations. | | | | | | |
|  | | | | | | |
| Signed: |  | | | | Date: |  |
|  | | | | | | |
| Name (in full): |  | | | | | |
|  | | | | | | |
| Position: |  | | | | | |
|  | | | | | | |
| Organisation: |  | | | | | |
| Contact email address:   |  | | --- | |  | | | | | | | |
| *In accepting this Award of Grant, the Organisation recognises that the UNDERTAKINGS given by the Organisation and others at the time of signing the Application Form are “conditions precedent” and the Organisation will ensure that they, their agents, servants, employees and students will continue to abide by the undertakings given throughout the lifetime of the grant.* | | | | | | |

Please return this signed form to the Research and Development Manager, by email or post:

Email: [grants@his.org.uk](mailto:grants@his.org.uk)

Postal address: 162 King’s Cross Road, London WC1X 9DH, UK

**T** +44 (0)20 7713 0273