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**FORM 5** (SEP2021)

**Acceptance of Grant Conditions Form – Fellowship**

**1. Project Details**

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| Fellowship Title: |  |
| CSO Reference Number: |  |
| Name of Grant Holder: |  |
| Name of Fellow: |  |

**2. To be signed by the Grant Holder:**

I accept the offer of a award from the Chief Scientist Office (CSO) as detailed in the specification for the aforementioned fellowship.

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| Signature – Head of Department (for and on behalf of the Grant Holder): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

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| Signature – Finance Office (for and on behalf of the Grant Holder): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

**2. To be signed by the Fellowship Sponsor(s):**

I agree to be the sponsor / co-sponsor / joint sponsor (delete as appropriate) for the aforementioned fellowship and in doing so accept the terms and conditions set out in the letter of award from Scottish Ministers acting through the Chief Scientist Office as referred to above.

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| Signature – Head of Department (for and on behalf of the Sponsor organisation): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

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| Signature – Finance Office (for and on behalf of the Sponsor organisation): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

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| Signature (for and on behalf of the Sponsor organisation): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

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| Signature (for and on behalf of the Sponsor organisation): | Date: Click here to enter a date. |
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| Position: |
| Name of the Sponsor organisation: |

**3. To be signed by the Fellow and Supervisors:**

We accept the terms and conditions of the fellowship set out in the letter of award from Scottish Ministers acting through the Chief Scientist Office as referred to above.

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| Signature of Fellow: | Date: Click here to enter a date. |
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| Signature of Supervisor: | Date: Click here to enter a date. |
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| Signature of Supervisor: | Date: Click here to enter a date. |
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| Signature of Supervisor: | Date: Click here to enter a date. |
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**4. To be signed by the employer of any supervisor if such employer is not also the grantholder:**

I accept the terms and conditions set out in the letter of award from Scottish Ministers acting through the Chief Scientist Office as referred to above insofar as they relate to:

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| Name of Employer: |
| Name of Supervisor: |
| Signature (for and on behalf of the employer): | Date: Click here to enter a date. |
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