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**FORM 5** (NOV2021)

**Acceptance of Grant Conditions Form – NES/CSO Postdoctoral Clinical Lectureship**

**1. Project Details**

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| Lectureship Title: |  |
| CSO Reference Number: |  |
| Name of Grant Holder: |  |
| Name of Individual: |  |

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

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

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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 Lectureship Sponsor(s):**

I agree to be the sponsor / co-sponsor / joint sponsor (delete as appropriate) for the aforementioned lectureship 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 Individual and Supervisors:**

We accept the terms and conditions of the lectureship 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 Individual: | 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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