|  |  |
| --- | --- |
| C:\Users\n205502\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\CSOlogo.gif |  |

**FORM 7**(NOV2021)

**Start Certificate for NES/CSO Postdoctoral Clinical Lectureship**

**1. Project Details**

|  |  |
| --- | --- |
| Lectureship Title: |  |
| CSO Reference Number: |  |
| Individual: |  |
| Main Supervisor: |  |
| Grant Holder: |  |
| Grantholder Reference: |  |
| Sponsor(s): |  |

**2. Bank Details (for payments)**

|  |  |
| --- | --- |
| Full Bank Address: |  |
| Sort Code: |  |
| Account Number: |  |

**3. Confirmation of Start Date**

To be completed by a responsible officer of the Grantholder:

I am writing to confirm, that in accordance with the starting procedures for profiled payments, this lectureship commenced on **Click here to enter a date.** (the start date should always be the first of a month):

**4. Authorisation**

|  |  |
| --- | --- |
| Signature (for and on behalf of the Grant Holder): | Date: Click here to enter a date. |
|  |
| Name (block capitals): |  |
| Position Held: |  |
| Telephone: |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| Finance Contact | Name: |  |
| Telephone: |  | Email: |  |