**THE UNIVERSITY OF MELBOURNE**

**2021 Melbourne Research (Career Interruptions) Fellowship**

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| **Applicant Name** |  |

# AUTHORISATION BY HEAD OF SCHOOL/DEPARTMENT

In signing below, I confirm that:

I agree to support this application and to host the Fellowship, if successful. If the applicant does not have a position at the University of Melbourne as of the commencement of the Fellowship, and this application is successful, I agree to consider the case for extending the applicant’s contract for the duration of the Fellowship, noting that successful applicants must be employed by the University at the commencement of the Fellowship or otherwise relinquish the Fellowship funding.

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| **HoD Full Name** |  | | |
| **School/Department** |  | | |
| **Funding Contribution ($)**  **(to match central salary funding 1:1)** |  | | |
| If you wish to, you are welcome to document any specific funding arrangements above, for example where the contribution is split between faculty/department/laboratory/etc. | | | |
| **Signature** |  | **Date** |  |

Please return signed certifications to the applicant to include in their electronic submission.