**THE UNIVERSITY OF MELBOURNE**

**2020 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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| **Title, Full Name of HoD** |  | | |
| **School/Department** |  | | |
| **Funding Contribution ($)**  **(to match requested salary funding 1:1)** |  | | |
| **Signature** |  | **Date** |  |

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