Please provide the details and signatory of the administering organisation who will manage the grant payments and reporting.

1. **Administering organisation’s details**

|  |  |
| --- | --- |
| Administering institution’s name *(legal name)* |  |
| Address |  |
| ABN |  |

1. **Contact person**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Telephone |  |
| Email |  |

1. **Certification by delegated authority**

**onBy Chief Investigators, Head of Department & Administering Organisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certification by the Administering Organisation’s legal signatory.**  I certify that the project is appropriate to the general facilities available and that I am prepared to have the project carried out in accordance with the current Healthway guidelines for Visiting Fellows.  Electronic signature is acceptable. | | | | |
| PLEASE USE BLOCK LETTERS | |  | |  |
| Surname | Title | | Initial | Department |
|  |  |  | |  |
| Signature | | | | Date |

**Please attach this cover sheet to the Visiting Fellow application**