# Confirmation of financial arrangements for Surgical Research Fellowship application

**Applicant’s Name:**

**Applicant:** Please enter below the name of the department in which you wish to hold a Fellowship, and the anticipated start date if you are successful. Please pass this sheet with a copy of the Terms and Conditions and a copy of Part A to the appropriate **Finance Administrative Officer** (ie someone who has access to your payroll figures and is authorised to sign off this information). When complete, please send to the Research Department.

*Please ensure you allow sufficient time for this to be completed before the fellowship closing date.*

**Administrative Officer:** The above named candidate is applying for a Surgical Research Fellowship to be held at:

**Department:**

**Trust or University:**

**Anticipated fellowship start date:** …………………………………………………………………..

An award under this scheme is normally administered through the medium of a fixed-term contract of employment for the period of the award, entered into between the Surgical Research Fellow and the host centre, on reimbursement by the RCS. If an award is made, the RCS would liaise with the host centre on the salary level (appropriate to clinical scale), starting date and detailed administrative arrangements, but before the application can be considered it is necessary to have the confirmation below that the host centre would be willing, in principle, to offer an appointment.

Please ensure all figures in the section below are completed accurately as this information will be used in the award letter and purchase order, if the applicant is successful.

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| I have read the Regulations and Conditions for the Surgical Research Fellowship and confirm that if the above named applicant is awarded a Research Fellowship, s/he will be offered an appointment by this centre for the period of the award on reimbursement by the RCS. |
| On the anticipated start date, as above, the candidate would be appointed at a commencing clinical salary of : £………………….. p.a. (basic). **Do not include banding**.Plus London Weighting (if applicable): £ ………………. p.a.Plus employer costs: *(Please ensure these are accurately completed)****.***Employer NI contribution: £ …………….. p.a.Employer SA contribution: £…………….. p.a. |
| **Completed by:**Signature: ……………………………………………………………………………………..Date……………………….. |
| **Please complete in typescript or block capitals:** Name:Job title:University/Trust :Telephone number:Email:  |
| Contact details of person who should be contacted regarding administration of the award, if different from the above: |