

Flinders Foundation Biomedical Equipment Grant Endorsement

Project Information:

Project Title:	
Division:	
Contact Name:	
Contact Position:	
Contact Email:	
Contact Phone:	
Signature:	
Date:	

****Please note, by endorsing this form you acknowledge any associated consumable costs will be paid by your Division.***

Endorsed by Manager / Head of Unit /
Nursing Director:

Endorsed by Clinical Director:
/ Co-Director

Signature

Signature

Name (print)

Name (print)

Position title

Position title

Date

Date