

## Flinders Foundation

### Workforce Wellbeing Grant Endorsement

#### Project Information:

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

Endorsed by Manager / Head of Unit /  
Nursing Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Position title

\_\_\_\_\_  
Date

Endorsed by Clinical Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Position title

\_\_\_\_\_  
Date