#### PART B

#### References

**Original signatures of all references are required.**

Please complete the form below and **upload the completed form** with signatures to the on-line grant submission system

#### Applicants name ………………………………………………………………………………………

#### Approval of Head of Department in which work is to be carried out

I agree to accept the candidate to work in my department/institution, and I can confirm that the project has been approved by me and the candidate can be accommodated in the laboratories concerned.

Signature of Head of Department

Institution

Date

#### Approval of the Dean of the candidate’s Medical School/Faculty

I support the application as outlined and confirm that the student will be available during the time indicated.

I confirm that this project is not part of routine course elements, such as student selected modules

In my university course or college

Signature of Dean of Medical School

University/Medical School

Date

#### Approval of the Sponsor/member of the Pathological Society (please contact your University’s Pathology Department who will give you details of members who may be willing to act as a sponsor)

Name of sponsor

Signature of sponsor

Date