|  |
| --- |
| REQUEST to open a health research southaward Account |

|  |
| --- |
| **Award**  |
| Award Title: |  |
| Account Name (max 30 characters): |  |
| Funder:  |  |
|  |
| **Awardee**  |
| Name of Awardee(Person submitting claims):  |  |
| Email:  |  | Phone: |  |
| Signature:  |  | Date: |  |
|  |
| **Health NZ Southern approval to set up account:** |
| Health NZ Southern Directorate: |  |
| Health NZ Southern Service:  |  |
| Service Manager: |  |
| Service Manager Signature: |  | Date: |  |
|  |
| **Monthly Report to be sent to:** |
| Email #1: | hrs@otago.ac.nz  |
| Email #2: |  |

⇨*Please complete all the details above and forward to:* *hrs@otago.ac.nz*

|  |
| --- |
| **Authoriser** |
| Authoriser:  |  Dr Mette Goodin |
| Email:  |  mette.goodin@otago.ac.nz |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
|  |  |
| **Research Award Account Number:** |  | **Date** **set up:** |  |
| **Signature:**  |  |  |
|  |  |

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.