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| REQUEST to open a health research south  award Account |

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| **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*](mailto:hrs@otago.ac.nz)

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

|  |  |  |  |  |  |
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| **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>.