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| I/we confirm approval for submission of this application on the basis of the costs outlined in the attached application We indicate below any conditions attached to our approval. I/We understand that if this application for funding is successful, the principal host institution (as named in Section 1) will be required to confirm acceptance of the Moorfields Eye Charity terms, conditions and reporting processes. I/We agree, where I/we represent collaborate institutions to provide in a timely fashion, any information required by the Moorfields Eye Charity or the principal host institution. |

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| **Organisation** |  |
| **Name** |  |
| **Job title** |  |
| **Date**  |  |

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| **Do you approve this application?** [tick one] |
| **Not applicable** |  | **Yes**  |  | **No** |  |

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| Comments/Conditions |  |

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| **Organisation** |  |
| **Name** |  |
| **Job title** |  |
| **Date**  |  |

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| **Do you approve this application?** [tick one] |
| **Not applicable** |  | **Yes**  |  | **No** |  |

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| Comments/Conditions |  |

Return completed copies to **moorfields.eyecharity.researchgrants@nhs.net**with your application.