**JEAN SHANKS/PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND PART B HEAD OF DEPARTMENT TO COMPLETE**

# MULTIDISCIPLINARY RESEARCH PARTNERSHIP (MRP)

|  |
| --- |
|  |

### CANDIDATE’S NAME

**(In full, surname first)**

Instruction to applicant. Please pass this sheet to your present Head of Department to complete

|  |
| --- |
|  |

# TO HEAD OF DEPARTMENT. The above-named candidate has applied for a Jean Shanks/Pathological Society MULTIDISCIPLINARY RESEARCH PARTNERSHIP GRANT. Could you please let the Society have your typewritten views, IN CONFIDENCE.

|  |
| --- |
|  |

1. **Candidate’s scientific ability, suitability to perform this project and supervise a research assistant/technician:**

|  |
| --- |
|  |

1. **Your assessment of the project and its appropriateness to be**

 **carried out in your department:**

|  |
| --- |
|  |

1. **Confirmation that your department will undertake to make suitable infrastructure, laboratory space and equipment available to the applicant for the duration of the award and ensure that the applicant will have appropriate time to combine his/her academic and clinical training.**

**Name of Head of Department:**

**Address:**

 **Tel:**

 **Fax: e-mail:**

 **Signature: Date:**