

*This is a suggested template for a letter from your employer confirming their support for your release from regular duties to undertake the NIHR GM PSRC Patient Safety Research Development Award. Please submit it alongside your application form and current CV.*

Applicant Name:

I can confirm that the applicant named above has discussed this application for the NIHR Greater Manchester Patient Safety Research Development Award with me. I understand what it entails and I am supportive of their application. I agree to support their release from practice for the stipulated number of days per week and length of time (in months) in this application, and understand that it is my responsibility to ensure that the Award adequately covers their salary backfill costs.

Line Manager Signature: (electronic/email signature)

Date: Line Manager Name:

Position:

Address:

Telephone number:

Email: