



**ST VINCENT'S  
HEALTH NETWORK**  
SYDNEY

A SERVICE OF ST VINCENT'S HEALTH AUSTRALIA

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## **St Vincent's Curran Endowment Grants**

### **Clinical Stream Lead / Head of Department Approval**

I hereby endorse the application put forward by \_\_\_\_\_  
**[applicant name]** on behalf of the \_\_\_\_\_  
**[department]**, St Vincent's Health Network Sydney.

I can confirm the grant application for \_\_\_\_\_  
**[grant application title]** is a confirmed and agreed priority for this department.

Signature:

Name:

Title:

Date: