

**ESTABLISHMENT CONTROL FORM C**

Please complete the shaded areas

**GRANT****SECTION 1 - POST DETAILS**

\*Delete as appropriate

Department/Unit: \_\_\_\_\_

Post Title: \_\_\_\_\_

Is this a new post? YES / NO\* \_\_\_\_\_

Is there a change to the existing post? YES / NO\* \_\_\_\_\_

Is this a replacement of an existing post holder? YES / NO\* \_\_\_\_\_

If YES, previous postholder's name: \_\_\_\_\_

Effective date for creation, replacement or change: \_\_\_\_\_ (eg. 10-Jan-96)

End date if temporary: \_\_\_\_\_ (eg. 10-Jan-96)

Hours per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

Grade and point: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Days of Work: \_\_\_\_\_

Account Code: \_\_\_\_\_

**SECTION 2 - APPOINTEE DETAILS**

Name: \_\_\_\_\_

Work Permit required?

Contact Address: \_\_\_\_\_

YES / NO\*

A CV must be enclosed with this form.

**SECTION 3 - AUTHORISATION**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Holder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Dept's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CONTRACTS OFFICER USE ONLY**

Date: \_\_\_\_\_ Authorisation: \_\_\_\_\_

Funding Body: \_\_\_\_\_

Requirements (PhD within a set period, notification of appointment to R&amp;E: .....

.....

**FOR PERSONNEL USE ONLY**

POST NO: \_\_\_\_\_ APP &amp; POST

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s:forms/Estcform/Oct03