National Breast Cancer Foundation

[insert name and address]

Lvl 7, 50 Margaret St Sydney NSW 2000

GPO Box 4126 Sydney NSW 2001

**p 1300** 708 763 **e** info@nbcf.org.au

**w** nbcf.org.au ABN 37 144 841 707

[insert date]

Dear [insert name],

It is my great pleasure to inform you that you have been awarded the [insert year] National Breast

Cancer Foundation (NBCF) [insert name of fellowship] Fellowship (‘Fellowship’). The Fellowship is

awarded each year to [insert details] and continues from [start date] for [insert]year (the term of

the Fellowship).

The Fellowship provides up to $[insert] (‘Funds’) to support your research activities relating to

prevention, detection and treatment of breast cancer and your career development, including

activities that contribute to your academic and professional goals, leadership skills and networks

(‘Fellowship Purpose’) [in addition to the funds awarded for [insert] on which you have been named as

[insert]]. For example, the funding may support:

* Attendance at relevant conferences and seminars
* Training/course work in alignment with your career development
* Other professional development opportunities.

NBCF agrees to reimburse you for payments made for the Fellowship Purpose during the term of

the Fellowship, up to the total of the Funds. [You should use your best endeavours to spend 50%

of the Funds by halfway through the term of the Fellowship and 100% of the Funds by the end of

the term of the Fellowship. Within two weeks after you return this letter to us, please send to us

an indicative outline of what you intend to spend the Funds on during the term of the Fellowship,

including proposed timeline, up to a maximum of two hundred words. We will use this both to help

us manage our finances and also to report to supporters, and potential supporters, about how the

money raised by NBCF is supporting the future of breast cancer research in Australia.]

**Fellowship conditions**

To accept the Fellowship, please read, sign this letter and return it to NBCF. By signing this letter,

you agree:

* the Funds provided by NBCF may only be spent by you during the term of the Fellowship for the Fellowship Purpose;
* you will provide NBCF with your Australian bank account details and you will send all receipts evidencing the use of the Funds to NBCF within 4 weeks of payment, so that NBCF may reimburse you;
* any Funds that have not been spent at the end of the term of the Fellowship will be relinquished, and any receipts dated after the end of the term will not be reimbursed;
* the Fellowship will immediately terminate if you move overseas , and no further Funds will be paid unless the payment is made before you move overseas;
* during the term of the Fellowship, you will not receive funds from the tobacco industry, the Smoking and Health Research Foundation of Australia or any organization associated with the tobacco industry, or engage in scientific misconduct. If you do, NBCF may immediately terminate your Fellowship and cease paying any Funds;
* you will regularly update NBCF over the course of the Fellowship describing your research and career development progress.
* if requested, you will present your research to the NBCF board and/or other events, an

participate in media or other publicity events, including Pink Ribbon Breakfasts, in relation

to your role as an NBCF Fellow;

* you will acknowledge the Fellowship in any external presentations, publications and reports relating to your research activities, or conferences that you attend, supported by the Funds; and
* NBCF can use your name, position as an NBCF Fellow, [image, if you’ve supplied us with a photograph or agreed that we can have your photograph taken,] your summary of how you intend to use the Funds and your email updates about your Fellowship, on NBCF’s website, in promotional materials, on NBCF’s social media pages and at NBCF events and fundraising events organized by NBCF’s corporate and community partners.

Congratulations on this prestigious award, I wish you every success with the continuation of your research career.

Yours sincerely,

Associate Professor Cleola Anderiesz

**Chief Executive Officer**

**National Breast Cancer Foundation**

**Executed as an agreement:**

|  |  |  |
| --- | --- | --- |
|  | Signed by **[Insert Fellow name]** |  |
| *sign here* ► |  |  |  |
|  |  |  |  |
| *print name* |  |  |  |

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| --- | --- | --- |
|  | Signed for **National Breast Cancer Foundation**by its authorised representative |  |
| *sign here* ► |  |  *sign here* ► |  |
|  | Authorised representative |  | Witness |
| *print name* |  |  *print name* |  |