**Nordic Pharma - Grants and Donations Request Form**

**Please complete the form below and return to** [**gd-uk@nordicpharma.com**](mailto:gd-uk@nordicpharma.com)**. If your request is accepted, the form will be returned to you for signing.**

**Section 1: Applicant details**

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| **Name of organisation** |
| Click or tap here to enter text. |
| **Organisation address** |
| Click or tap here to enter text. |
| **Postal code** |
| Click or tap here to enter text. |
| **Name of the primary point of contact in the organisation, responsible for the application request** |
| Click or tap here to enter text. |
| **Job title** |
| Click or tap here to enter text. |
| **Email address** |
| Click or tap here to enter text. |
| **Telephone number** |
| Click or tap here to enter text. |

**Section 2: Proposal overview and details**

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| **Name of the program, project, or initiative for which the grant or donation is required** |
| Click or tap here to enter text. |
| **Please outline the objectives of the project** |
| Click or tap here to enter text. |
| **Detailed description of the project** |
| Click or tap here to enter text. |
| **Estimated project start and completion dates** |
| Click or tap here to enter text. |
| **Please outline how the proposed project will benefit patients or improve patient care** |
| Click or tap here to enter text. |
| **Please describe how the proposed project will benefit the NHS, including providing details of how the funding will be used to impact existing care models or transform patient services** |
| Click or tap here to enter text. |

**Section 3: Support requested**

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| **Type of support requested (Financial or Donation of goods/services)** |
| Click or tap here to enter text. |

***If a donation is requested***

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| **Please provide specific details of the donation requested** |
| Click or tap here to enter text. |
| **Has a request for funding in relation to this project or program been requested from any other pharmaceutical, or non-pharmaceutical organisations? (Please provide details if so)** |
| Click or tap here to enter text. |

***If a financial grant is requested***

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| **Total costs of the activity** |
| Click or tap here to enter text. |
| **Amount of funding being requested from Nordic Pharma UK** |
| Click or tap here to enter text. |
| **Please provide an itemised breakdown of how the funding being requested from Nordic Pharma UK will be spent** |
| Click or tap here to enter text. |
| **Has a request for funding in relation to this project or program been requested from any other pharmaceutical, or non-pharmaceutical organisations? (Please provide details if so)** |
| Click or tap here to enter text. |

**Declarations**

|  |  |
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|  | **I, the applicant, confirm that I have to the best of my knowledge answered the questions above accurately and am authorized to do so on behalf of my organisation** |
| **Name:** | Click or tap here to enter text. |
| **Signed:** |  |
| **Date:** | Click or tap to enter a date. |

**Section 4: To be completed by Nordic Pharma**

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| **Comments** | | | |
| Click or tap here to enter text. | | | |
| **Sign off** | | **Signed** | **Date** |
| **Commercial approver** | |  | Click or tap here. |
| **Name:** | Click or tap here. |
| **Medical approver** | |  | Click or tap here. |
| **Name:** | Click or tap here. |

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| --- | --- |
| **Amount approved for grant or donation** | Click or tap here to enter text. |