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 Registered Charity No: 1165393

**CWPT Seasonal Activities/Small Requests Grant Form**

**(Up to £1500)**

**Please fill in sections 1 to 4 – (read the ‘How to Guide’ before completing this form)**

1. **Requested By**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name:**  |  | **Signature:** |  |
| **Your Ward/Department:** |  | **Date:**  |  |
| **Tel No:**  |  | **Email:**  |  |
| **Fund Name** |  | **Fund Number** |  |

1. **Grant Details & Costs**

|  |
| --- |
| **What is the Grant for, e.g. Activities Planned/items required – Please List:** |
|  |
| **How does your application align with the Trust’s Green Plan and Net Zero objectives?** |

1. **Costs**

|  |  |
| --- | --- |
| **Type of Grant** | **Cost (£s)** |
| Patient/Staff Welfare |  |
| Research |  |
| Training and Education |  |
| **Total** |  |

**IF YOU ARE MAKING AN EXPENSES CLAIM, PLEASE ENSURE THAT YOU KEEP ALL RECEIPTS AND SUBMIT THEM WITH YOUR CLAIM.**

***Please provide a statement that describes the impact of this funding, which the Charity can use for publicity purposes;***

1. **Authorisation**
	1. **Fund Authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fund Name:** |  | **Fund Number:** |  |
| **Fund Adviser’s Signature:** |  | **Fund Adviser’s Name:** |  |
| **Date:** |  |

* 1. **NHS Trust Authorisation (Senior Manager/Director/Finance Manager)**

|  |  |
| --- | --- |
| **Senior Manager/Director**  | **Commercial Finance Manager**  |
| **Signature:** | **Signature:** |
| **Name:** | **Name:** |
| **Role:** | **Role:** |
| **Date:** | **Date:** |
|  | **Cost centre** |  |  |  |  |  |  |
|  | **Account Code** |  |  |  |  |  |  |

**To be completed by UHCW/CWPT Staff only**

1. **UHCW/CWPT Charity Sign Off**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received:** |  | **Charity Director Signature:** |  |
| **Date Awarded:** |  | **Award Number:** |  |