**Grant Application Form – Healthcare Organisation**

**Section 1 - Applicant Details**

|  |  |
| --- | --- |
| Name of Healthcare Organisation: |  |
| Full address (include postcode): |  |
| Name of primary contact at Healthcare Organisation (the person who can be contacted about this application): |  |
| Position of primary contact: |  |
| Email address of primary contact (we will use this email address to contact you about the application): |  |

**Section 2 - Grant Proposal Details**

1. Please provide a detailed description of the proposal, clearly describing what the grant would be used for.
2. Include an explanation as to how patients will benefit and/or how the quality of care will be improved as a result of this proposal.
3. Subject to the application being successful, if the grant is to be used to fund staff salary, please indicate how the salary will continue to be funded after provision of the grant has ended.

|  |
| --- |
|  |

Provide details on the proposal timeline, e.g., what time period will the grant cover (mm/yyyy):

|  |
| --- |
|  |

Provide a detailed budget breakdown of the costs associated with the proposal:

|  |
| --- |
|  |

State the amount of funding that is being requested from Novo Nordisk for this proposal:

|  |
| --- |
|  |

Has funding been requested from other sources in relation to this proposal?

Yes

No

If yes, please provide details:

|  |
| --- |
|  |

**Section 3 - Declaration**

By signing below, you agree to the following:

* I confirm that the Healthcare Organisation is not making any other claim from another party in relation to the grant requested from Novo Nordisk in this application form;
* I confirm to the best of my knowledge that all the information provided in this application form is accurate;
* I confirm that if Novo Nordisk decides to provide a grant in relation to this application, the grant will be used exclusively by the Healthcare Organisation for the purposes described in this application form.
* I confirm that I understand that Personal Data in this application (any information related that can be used directly or indirectly to identify a person) will be used by Novo Nordisk for the purpose of analysing and assessing the grant, Novo Nordisk will further use this information only if the grant application is approved in order to be part of the grant agreement and for the period agreed in it.

**Signature: Print name: Date:**

Please email this completed form and any supporting documentation to: UKGRANTS@novonordisk.com

|  |  |  |  |
| --- | --- | --- | --- |
| **Novo Nordisk use only:** | | | |
| Application reference number: |  | Date request received: |  |
| Date request reviewed by GRP: |  | GRP decision: | Grant approved  Grant declined |
| Amount awarded: |  | Any remarks regarding amount awarded: |  |
| Payment type: | One off payment  Instalments | Provide payment dates and amount for instalments: |  |
| Reason for decline (if applicable): |  | | |
| Declaration wording: |  | | |
| Date applicant informed of decision: |  | Date grant follow-up should be performed by: |  |
| Any other information: |  | | |
| GRP member signature: |  | GRP member initials: |  |