

Application Form for Funding

Name:

|  |
| --- |
|  |

CPG Sponsor – Name and Position held within CPG (or subsidiary):

|  |
| --- |
|  |

Contact Details:

|  |
| --- |
| Organisation/Department:Address:Telephone:Email: |

Total amount of grant requested: £

|  |
| --- |
| Please provide breakdown: |

For what purpose will this funding be used?

|  |
| --- |
|  |

Who will benefit from this grant?

|  |
| --- |
|  |

Has any other funding been applied for? YES/NO:

|  |
| --- |
| If YES from where?What was the outcome? |

Is there a time sensitive period for this grant? YES/NO?

|  |
| --- |
| If YES, what is the date deadline? |

If the application is for funding from a ring-fenced fund (e.g. Community Nursing, Haven, Macmillan or Collaboratives) please state below. **If you are not sure please leave this box blank.**

|  |
| --- |
|  |

If approved, to whom would you like this grant to be paid?

|  |
| --- |
| Please give details: |

|  |
| --- |
| Signature of Applicant:Date: |

**Please return to** **CPG.CharitableTrust@nhs.net**