

Application Form for Funding

Name:

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

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Contact Details:

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

Total amount of grant requested: £

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| Please provide breakdown: |

For what purpose will this funding be used?

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Who will benefit from this grant?

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

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

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

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| 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.**

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

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| Please give details: |

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| Signature of Applicant:  Date: |

**Please return to** [**CPG.CharitableTrust@nhs.net**](mailto:CPG.CharitableTrust@nhs.net)