Thank you for your interest in applying for this special League of Friends Grant. Please note that application forms must be returned to wuth.charity@nhs.net by 28 February 2025.

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| --- |
| **Applicant Details** |
| Applicant Name: |  |
| Applicant Job Title: |  |
| Division |  | Department: |  |
| Contact email and phone number: |  |
| **Application Details** |
| *In order for applications to be considered, the following criterion must be met:* 1. *Your application must be for services / support / initiatives at Arrowe Park Hospital*
2. *Your application must seek to further improve the quality of WUTH’s patient care by the purchase of medical equipment, improvement of Trust facilities or be for the direct enhancement of the patient experience in other imaginative ways.*
 |
| **Does your application meet criteria i. and ii. b?** *(please circle)* | Yes | No |
| **Please provide a name / title of your project / scheme / request:** |  |
| **What is the value of your request?** *Please attach the quote obtained (if applicable) and include VAT and delivery costs* |  |
| *Please provide specific details of your request, including proposed dates for completion / delivery:* |
| **Does this scheme involve any refurbishment works?** *(please circle)* | Yes | No |
| *If so, please provide confirmation that you have contacted the Estates Team to determine that the project is appropriate and feasible and any additional relevant details to support your application.* |

|  |  |  |
| --- | --- | --- |
| **Is your request for a piece of equipment?** *(please circle)* | Yes | No |
| **If yes, has this be prioritised within the Division?**  | Yes | No |
| **If yes, is this on the priority list to be funded within the capital plan?** | Yes | No |
| *If yes, why are you applying for charitable funds?* |
| *If no, why is it now a priority and what difference will it make to patient care / experience?* |
| **Does the scheme require any IT support to implement?** *(please circle)* | Yes | No |
| *If so, please provide confirmation that you have contacted the DHT Team to determine that the project is appropriate and feasible and any additional relevant details to support your application.* |
| **Has funding been requested for this item before / elsewhere?** *(please circle)* | Yes | No |
| *If so, please give details* |
| **Approval** |
| **Approved by:****Divisional Director (Name):****Signature: Date:** |

**Thank you for taking the time to complete this application.**

Please submit your completed application to wuth.charity@nhs.net

**What will happen next?**

* 28 February 2025 - Applications will close on 28 February 2025
* Mid-March 2025 - A panel will be meet to consider all of the applications
* End March 2025 – Outcome decisions expected

**Additional grant round**

A further small grants round is opening from 3 -31 March 2025 for applications up to £2,000 and covering any of our hospital sites. Please contact wuth.charity@nhs.net for more details.

**Good luck with your application!**