Thank you for your interest in applying for this Small Grant round. Please note that application forms must be returned to wuth.charity@nhs.net by 31 March 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 WUTH (any site) for support from the Patient Wish Fund exclusively.*
2. *Your application must seek to further improve the quality of WUTH’s patient care or staff wellbeing by the purchase of additional medical equipment, improvement of Trust facilities or be for the direct enhancement of patient or staff experience in other imaginative ways.*
3. *Grants available for patient care and experience are for a maximum of £2K per application*
4. *Grants available for staff wellbeing are for a maximum of £500 per application*
 |
| **Does your application meet criteria i. ii. iii. iv ?** *(please circle)* | Yes | No |
| **Please provide a name / title of your project / scheme / request:** |  |
| **How much funding are you asking for?** *Please give totals and attach the quote obtained (if applicable) and include VAT and delivery costs**PLEASE ENSURE THAT QUOTES ARE ATTACHED SEPARATELY AND NOT EMBEDDED WITHIN THE FORM* |  |
| *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.* |

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| **Is your request for a piece of equipment?** *(please circle)* | Yes | No |
| **If yes, has this been 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 or Data support to implement?** *(please circle)* | Yes | No |
| *If so, please provide confirmation that you have contacted the DHT Team and or Information Governance 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:****Named Lead (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?**

* 31 March 2025 - Applications will close
* Mid-April 2025 - A panel will meet to consider all eligible applications
* End April 2025 – Outcome decisions expected and will be communicated

**Good luck with your application!**