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| **Fund from which funds are being requested:** Choose an item. |
| **Applicant Name:****Job Title:****Contact details:** |
| **Value of request:***Please attach the quote obtained (if applicable) and include VAT and delivery costs* |
| **Specific details of request:***Please also include information about the expected patient experience/staff welfare benefit of the request* |
| **Has funding been requested for this item before / elsewhere?***If so, please give details* |
| **Fund-holder approval 1\***NameSignatureDate | **Fund-holder approval 1\***NameSignatureDate  | **Fund-holder approval 1\***NameSignatureDate  |

**Guidance notes for applicants:**

* This form must be signed off by all fundholders, forms will not be accepted with missing signatures.
* Please ensure all supporting documentation is included within the application.
* Please return the completed form to wuth.charity@nhs.net
* Values up to £250 can be issued immediately providing there is sign off by all fundholders; anything above this will need to be requested on the relevant form and approved by the Executive Team.