

The Friends of Hammersmith Hospital Grant Application Form: Annual Project 2016		Ref:
1. Applicant details		
Name:	Clinical Programme Group (CPG):	
Job Title:	Department & Departmental address:	
Telephone:		
E-mail:		
2. Project title:		
3. Project description (200 words maximum):		
4. Impact: How will your proposal improve patient care/patient experience? (200 words maximum)		
5. How much are you applying for and a quote will need to be supplied with the application form (up to £20,000)		
6. Have you applied for funding from other sources, including Special Purpose Funds, and what was the outcome, and if not why? An answer is compulsory, ("NO" is not an acceptable answer).		

7. Would your project still proceed if the Friends offered a contribution, rather than the full amount? Would you be able to secure matching funding from another source?

8. Signatures

Applicant name:

Signature:

Date:

Applicant's line manager name:

Signature:

Date:

Please return your form, preferably via e-mail, to friendshh@imperial.nhs.uk

The closing date for applications is Friday 12th February 2016, 4pm

We will accept e-mailed versions of your application up to this deadline, and you will be required to send a hard copy, signed and dated. Please send this to

The Administrator
The Friends of Hammersmith Hospital
Friends Office
Hammersmith Hospital
Du Cane Road
London W12 0HS

For enquiries please contact unajeffries@imperial.nhs.uk Tel: 020 8743 3496

For office use only: