



Application for Funding Support

1. Application From:

Division
Department/Ward
Location at QMC / City Campus / Ropewalk
Name & Position of Applicant
Contact telephone / email

2. Brief description of the request

3. The amount requested (include a breakdown of total cost)

4. Reason for the application (include benefit to patients)

5. Name & Title of Senior Colleague [where applicable] who supports the application

6. Attached supporting information (where applicable)

7. For larger funding requests it may be necessary to jointly raise the funds together. Confirm that this is possible and we will arrange to discuss this with you.

Please return completed application to: janet@friendsofnuh.org.uk and kelly@friendsofnuh.org.uk

For Use by the Friends of Nottingham Hospitals:

Approved/Rejected

Name and date:

Applicant informed on: