**The Friends’ Grants Scheme – Notes and Application Form**

**Summary**

The Friends of Chelsea and Westminster Hospital is a voluntary organisation and registered charity (charity no. 1016883) which supports the work of the hospital for the benefit of patients, their families and staff. As part of this aim, we run a Grants Scheme which is open to staff members and hospital departments.

**Aims**

The Friends welcome applications for projects to improve services for patients. Applications are considered by the Friends’ Management Committee at their monthly meetings, and applicants may be asked to make a presentation to support their request.

**What can we consider?**

We will usually consider requests for medical equipment, furniture, and other items that may improve patients’ experience while in hospital.

We cannot normally consider research, staff training, or any payments of money to individuals.

We will consider requests to fund events/entertainment on a case-by-case basis.

**Who can apply?**

The Friends will consider applications from any department or individual staff member at Chelsea & Westminster Hospital.

With a few limited exceptions, we cannot consider applications from West Middlesex Hospital.

**How to apply**

Please fill in the attached form (ensuring it is signed) and email it to chelwest.friends.office@nhs.net. Alternatively you can deliver it by hand to the Friends Office (ground floor lift B). The form is also available on our website at [www.cwfriends.org.uk/grants-scheme](http://www.cwfriends.org.uk/grants-scheme).

If your request falls within our remit, we will consider it at our next monthly Committee Meeting and let you know the outcome soon afterwards. Meetings are held every month except July and August.

If your request is for **more than £2,000**, or we feel we need more information in order to make a decision, we will contact you with some additional questions.

**Contact**

If you have any questions or would like more information, please e-mail chelwest.friends.office@nhs.net or contact Lucy Doig (Charity Manager) at lucy.doig@nhs.net/ 0203 315 8825.

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| **The Friends’ Grant Scheme Initial Application Form** |
| **Applicant Name and Job Title:**  | **E-mail:**  | **Phone:**  |
| **Ward/department:** |
| **Name and signature of endorsing Area Lead/Department Head:** |
| *I have reviewed this application, endorse the proposed project and support the request for funding to the Friends Charity.* |
| **Date:**  |
| **Name of Project/Request:** |
| **What do you want to buy?** (*maximum of 150 words)* |
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| **What is the benefit to patients, their families and carers?** *(maximum of 150 words)* |
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| **How much money do you need (initial funding and any recurring costs per year?**  *(Please be as specific as possible and include web links to items if relevant)* |
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| **Have you approached other sources of funding (e.g. CW Plus, ward funds) for this request? If yes, what was the outcome?** |
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| **Applicant Signature**  |
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*For Friends Office use only*

Request Number: