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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* |
| **Does this scheme involve any refurbishment works?**  *If so, please provide confirmation that you have contacted the Estates Team to determine that the project is appropriate and feasible* |
| **If this is a request for equipment, please detail why this is not included within the capital plan:** |
| **Does the scheme require any IT support to implement?**  *If so, please provide confirmation that you have contacted the DHT Team to determine that the project is appropriate and feasible* |
| **Has funding been requested for this item before / elsewhere?**  *If so, please give details* |

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| **Fund-holder approval 1\***  Name  Signature  Date | **Fund-holder approval 1\***  Name  Signature  Date | **Fund-holder approval 1\***  Name  Signature  Date |
|  |  |  |

**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](mailto: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 approved by the Executive Team.
* Where the request is for equipment, sign off from the Medical Devices Group will also be required before sign off by the Executive Team.