**Application Form for GCHC – Individual Request**

Glasgow Children’s Hospital Charity (“GCHC”) welcomes applications from individuals, family members, professionals, and organisations who are seeking support for a particular patient, family or service involved with the Royal Hospital for Children, Glasgow and its associated community and inpatient/ outpatient services. Glasgow Children’s Hospital Charity holds a Fund for specific charitable expenditure, providing small, immediate, one-off grants that can enhance a patient’s experience or well-being (be this in or outside the hospital).

**Guidance Notes – PLEASE READ PRIOR TO SUBMISSION**

Glasgow Children’s Hospital Charity understands the unforeseen challenges involved in supporting a child with various clinical needs. This Fund is therefore, to support an immediate requirement for funding to ensure specific access to clinical support as well as supporting the well-being of children and families treated within NHSGGC.

**Personal Information**

* If applying for an individual, please fill out the name of patient, primary carer and their contact details, should this not be applicable or allowed, please provide applicant contact details instead.
* Whether applying for/as an individual, a primary clinician must be named and contact details provided (GP/ nurse/ manager/ psychologist/ dentist/ social worker etc).

**Project Information**

* This section is to provide a brief understanding of what the money is required for, the medical condition surrounding the application, and the benefits the funding will provide.
* We require a breakdown of costs in addition to the total amount requested to see exactly where the money is being spent. The maximum value of most individual grants awarded is £60 however special consideration will be given to any specific application which may require a higher grant value, for a very specific reason.
* GCHC cannot be liable for on-going costs that are associated with your request e.g training, installation, insurance or maintenance.
* Due the immediate nature of this funding provision, clarification must be provided on why instant funding is required. Please reference C19 at this time if applicable.
* GCHC cannot be liable for assessing the suitability of any items being suggested for purchase. The primary carer or clinical lead must confirm that the purchase being suggested is age and needs appropriate for their child/ patient.

**Signatory**

* All applications must be signed for the primary carer/ applicant (e-signature during C19 is fine).
* Please use either electronic signature or include in your submission a scanned copy of the signed page.

**Submission**

* Applications can be submitted throughout the year, there are no deadlines for submission as applications are reviewed on a rolling basis due to the immediate nature of the funding required. For application submission please send via email to -kirsten.sinclair@glasgowchildrenshospitalcharity.org

**Consent**

Glasgow Children’s Hospital Charity may wish to use your personal information provided on the form for data monitoring and evaluation purposes. They may also wish to contact you following a successful application to create a case study for the Marketing and Communication Team, promoting the work of the charity.

If you consent to your details **being used** by the charity following your application, please tick this box. [ ]

*Please note that our funds are available via the generosity of our donors and active hard work of our fundraising team. We therefore have no control of the amount of funding available at any one time which unfortunately means not all applications will be successful. In order to ensure your application is as appealing as possible, please feel free to contact the team via Heather Kaulfuss (**heather.kaulfuss@glasgowchildrenshospitalcharity.org* *or 0141 212 8750) who will forward you to the appropriate person should you have any difficulties or questions regarding the completion of the form.*

**PLEASE FILL IN THE FORM FOLLOWING REVIEW OF THE GUIDANCE NOTES**

 *Please do not alter the format of the form. The boxes will expand as you type your answers.*

**Personal Information**

Name of patient (if applicable):

Name of carer (if applicable):

Contact details of carer:

Name of applicant (if different to carer):

Contact details of applicant (if different to carer):

Name of primary clinician:

Contact details of primary clinician:

**Project Information**

What is the money requested to be used for? :

Total amount requested:

Please provide a financial breakdown of the amount requested:

Are there any on-going maintenance costs? :

Please provide details of patient’s condition (or conditions this funding will benefit e.g cardiac / renal / mental health):

What are the main benefits as a result of this funding?

Why does the situation require immediate funding?

Have you applied for funding elsewhere?

Applicant sign: Date:

Clinician sign: Date:

**Data Protection**

Personal data provided in this application is to enable the information for consistency and fairness in the distribution and allocation of charitable funds. The data will only be used for the purpose of processing the application unless the consent to further use is ticked above. Glasgow Children’s Hospital Charity will retain the personal data securely in accordance with the Data Protection Act 2018 for a period of six full financial years plus current financial year in accordance with our financial record keeping data retention policy. After this period this data will be anonymised. Any analysis required beyond the processing of the grant will use anonymised data only.

Glasgow Children’s Hospital Charity’s full Privacy Statement can be viewed on our website: <https://www.glasgowchildrenshospitalcharity.org/privacy-policy>

If you have any concerns regarding the use of the personal data provided in this application please contact us to discuss.

**Application checklist**

[ ]  Have you read the guidance?

[ ]  Are all sections completed in full?

[ ]  Have all required signatures been completed?