

## Grant Request Application Form

Educational Grant for Funding, Third Party Organised Educational Events and Other Educational Grants to HCO

### Important Guidelines – Please read before completing the form

- Application form must be submitted by a line manager, acting on behalf of the hospital or trust. **Please note, the attendee/student/delegate name must not be listed anywhere on the form or application.**
- Please note there is no guarantee that all of the amount requested will be granted. Coloplast may reject, approve in full or approve a lower amount at its absolute discretion.
- Within 30 days after the Third Party Organised Educational has taken place the Grant Recipient shall provide to the Company a follow up report on the use of the Grant and adequate documentation.

1. Organisation Information	
Name of Hospital / Trust / Organisation	
Address of Hospital / Trust / Organisation	
Type of Organisation i.e. Foundation / Trust / Hospital / University	
Tax ID (if known)	
Manager submitted the request on behalf of the Organisation  <span style="color: red;"><b>(This must not be the intended recipient of the Grant)</b></span>	Full name:  Position:  Telephone number:  Email address:

2. Grant Request Details	
Type of Grant (please tick) <input style="margin-left: 20px;" type="checkbox"/>	Educational Grant to Support Third Party Organised Events or to Support HCP Participation at Third Party Organised Event
<input style="margin-left: 20px;" type="checkbox"/>	Other Educational Grants to HCOs (including Scholarships, Fellowships and Grants for Public Awareness Campaigns)
Title of Event / Course / Other	

Dates of Event/Course/Other	Start date (dd/mm/yyyy) End date (dd/mm/yyyy)
Location	Venue name:  City:  Country:  Website:
<p>Please provide a detailed description on how the Grant will be used, for example:</p> <ul style="list-style-type: none"> <li>• Number of HCPs to be supported,</li> <li>• Average amount proposed per HCP for flights and other expenses,</li> <li>• Average amount proposed per HCP for registration fees etc.</li> </ul> <p><i>Please note: The Grant will not be provided to cover the costs linked to the organisation of leisure/entertainment activities or for the invitation of spouses/partners of HCPs. In addition, no funding will be provided to cover ordinary operating expenses, running costs of the organisation and other budget items not directly linked to the education.</i></p>	
<p>Objective of the Educational Event.</p> <p>Please provide a detailed description of scope, purpose and anticipated outcome of the programme</p>	

3. Funding Request	
Total amount required for the activity	£
Amount of funding requested from Coloplast	£
Amount of external funding requested (not including Coloplast funding)	£
<p>Organisation bank account details (This must not be a personal bank account)</p>	<p>Bank name:</p> <p>Bank country:</p> <p>Account name:</p> <p>Account number:</p> <p>Sort code:</p> <p>IBAN/BIC/Swift code:</p>

Has your organisation already applied for or received funding from Coloplast before?	<input type="checkbox"/> Yes - Please provide details <input type="checkbox"/> No <input type="checkbox"/> Unknown
Remarks  <i>(Please attach additional documents to support your application if you wish such as a copy of the programme / agenda / communication related to the Educational Event and a draft budget detailing how funds will be spent)</i>	

<b>4. Declaration</b>	
<p>I declare that:</p> <p>This form was completed on behalf of the requesting organisation;</p> <p>The information provided in this form and supporting documents is true and accurate;</p> <p>The Grant request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of the Company's products or services.</p> <p>Signature _____ Date _____</p>	
<p>Thank you for your application. Please submit to the Educational Team via <a href="mailto:edugrantuk@coloplast.com">edugrantuk@coloplast.com</a>          For more information please visit our <a href="#">website</a>.</p>	
<p><b>Disclaimer</b>  <i>This Grant Request Application Form (the "Form") has been prepared by the MedTech Europe Secretariat as a suggested guide only and should not be construed as legal advice for any particular facts or circumstances. Use of this Form or any parts thereof shall be at the sole discretion and risk of the user parties. MedTech Europe or Coloplast shall not be held liable for any loss or damage that may result from use of this Form or any parts thereof. MedTech Europe reserves the right to change or amend the Form or any parts thereof at any time without notice.</i></p> <p><i>Coloplast adheres to the MedTech Europe Code of Ethical Business Practice which sets strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs), including support to independent medical education via grants. For more information about the MedTech Europe Code of Ethics: <a href="https://www.ethicalmedtech.eu/wp-content/uploads/2017/09/MedTech-Europe-Code-of-Ethical-Business-Practice-QA-DG.pdf">https://www.ethicalmedtech.eu/wp-content/uploads/2017/09/MedTech-Europe-Code-of-Ethical-Business-Practice-QA-DG.pdf</a></i></p>	