The Bedford Hospital Charity & Friends is a registered charity (no 299250) and is a separate legal entity from Bedfordshire Hospitals NHS Foundation Trust.

The aims of the Charity are:

* The relief of sickness within the area of benefit
* The improvement and maintenance of facilities and equipment (including both large and small items) in support of patients and staff at Bedford Hospital

***This request must be authorised and signed by the Chief Executive or his representative before submission to the Charity.***

***Please include any supporting documentation regarding the cost of the item(s) with your request.***

|  |  |
| --- | --- |
| **Applicant's name** |  |
| **Position** |  |
| **Department** |  |
| **Contact details** |  |
| **Date** |  |
| **Title of funding request** |  |
| **Please provide a brief description of your funding request and the reasons for it, together with  details of the expected benefits** | |
| **Has this product or service been previously supplied through NHS channels and if so, why is  renewed funding not now available?** | |
|  | |
| **Why isn’t new funding available through NHS channels?** | |

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| --- |
| **Have you sought funding from the Hospital’s own Charitable Funds? Please give the reasons  for any rejection** |
| **How much are you asking for? Please include *all* costs such as VAT, carriage, installation etc** |
| **Please explain how providing this funding would help fulfill the aims of The Bedford Hospitals  Charity & Friends (listed at the top of the first page)** |
| **Please confirm that The NHS Trust will be responsible for all consequential and/or ongoing  additional costs (such as staffing costs, servicing, repairs, consumable items etc) resulting  from the requested charitable funding** |
| **Authorised by Chief Executive**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***Please return completed form to:***

***and copy it to:***

**The Charitable Funds Accountant**

**Finance Department**

**Bedford Hospital**

**Bedford Hospital Charity & Friends**

**PO Box 342**

**Bedford**

**MK40 3XS**

May2020