**Funding Application Form – Word Version**

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## 1. Guidelines for completing the form

Before completing this application form, please refer to our [Guide for Accessing and Supporting Funds](https://nhslothiancharity.org/wp-content/uploads/2024/11/Accessing_and_Supporting_Funds_November_2024_FINAL.pdf) for advice about what the Charity is and is not able to support. The guidance notes throughout the form also provide additional information about how to complete the form itself.

This word document provides a full list of all possible questions. You may not need to answer every question when you complete the form online; some are conditional based on your previous responses.

**Please note that only applications submitted directly through our website can be accepted.**

If you have any queries prior to or during the completion of the application form please contact us by emailing Loth.charity@nhs.scot.

## 2. About you

2.1 Applicant's Name\*

2.2 Applicant's Job Title\*

2.3 Applicant's Department\*

2.4 Applicant's Directorate\*

2.5 Applicant's Site\*

2.6 Applicant's Site Address *(Please ensure that Street Address, City, Local Authority/County, Postcode and Country are completed)*

2.7 Applicant's Work Email Address\*

2.8 Applicant's Work Phone Number

2.9 Line Manager's Name\*

2.10 Line Manager's Job Title

2.11 Confirmation of Line Manager's support *(Please upload confirmation that your line manager is aware of and supportive of your application - Max. file size: 2 MB.)*

## 3. Project basics

3.1 Project Name *(Please provide a title for your project)*

3.2 What is your project? *(Please outline your project in 250 words or less)*

3.3 What need is your project addressing? *(Please tell us about the issues or gaps your project will address and how you know they exist. E.g. what observations have you made, feedback do you have etc.)*

3.4 How do you know that this project is an impactful way of addressing this need?

## 4. What difference your project will make

4.1 NHS Lothian Charity’s mission is to have a positive impact on health in the Lothians. We do this through our priority objectives. Please tell us which priority objective your project will impact on:\*

Please tick all that apply

* Enhanced patient and carer experience
* Improved clinical outcomes for patients
* Reduced health inequality
* Improved community health
* Improved staff wellbeing and professional development

4.3 Please explain how your project will enhance patient and/or carer experience\*

4.4 Please explain how your project will improve clinical outcomes for patients\*

4.5 Please explain how your project will reduce health inequalities\*

4.6 Please explain how your project will improve community health\*

4.7 How many patients will benefit from your project? *(Please provide your best estimate if you do not know exact numbers.)*

4.8 Please provide an explanation of the number provided

4.9 Do any of those patients experience health inequalities *(WHO define health inequality as systematic differences in health status of different population groups. Health inequality affect people from disadvantaged or historically oppressed groups most severely.)*

* Yes
* No

4.10 How many patients experience health inequalities?

4.11 Please provide your best estimate if you do not know exact numbers.

4.12 Please explain how your project will improve staff wellbeing and/or professional development\*

4.13 Is the project:

* An external education event e.g. a conference or course? *(Please wait for confirmation that funding has been approved to attend the course or conference before making any arrangements to book travel or accommodation.)*
* An internal educational event?
* A wellbeing activity?
* A wellbeing enhancement e.g. staff room improvements?
* Other?

4.14 Are you applying for support with travel and accommodation costs to be booked through NHS Lothian's Travel Team? *(NHS Lothian Charity follows NHS Lothian’s standing financial instructions relating to the booking of travel. Booking via the Travel Team is highly recommended.)*

* Yes
* No

If your application is successful, we’ll then send you a link to provide all the details about your travel and accommodation needs to be booked through NHS Lothian’s Travel Team.

4.15 How many staff will benefit?

4.16 Please provide your best estimate if you do not know exact numbers.

4.17 Tell us a little about those staff e.g. roles, bands, etc.

4.18 How were those staff selected for the opportunity?

4.19 How will learning be monitored/shared/cascaded?

4.20 What impact will this have on the delivery of the service you provide?

4.21 Are there any other benefits/impacts/outcomes that you would anticipate from the project? *(e.g. cost savings, efficiencies, waste reduction, improved biodiversity)*

4.22 How long after the project do you expect the project outcomes/benefits to last?

4.23 Are there any other indirect beneficiaries? *(Indirect beneficiaries are those groups who will benefit as a secondary result of the project)*

* Yes
* No

4.24 Please tell us about any indirect beneficiaries. *(E.g. patients, staff, other departments, etc. and approximately how many.)*

## 5. Financial Information

5.1 How much money are you seeking from NHS Lothian Charity?

5.2 Please explain how you reached this figure

5.3 Please provide a breakdown about how the money will be spent. Please also note that NHS Lothian Charity observes NHS Lothian’s Standing Financial Instructions and procurement procedures.

5.4 If you will be purchasing anything for the project, please provide the email address of the person who will be placing orders.

5.5 In most cases, purchases will need to be made through PECOS. Does the person identified above have a Charity PECOS log in *(If the person you have identified as placing orders does not have a Charity PECOS login. We will create one and may be in touch separately regarding this.)*

* Yes
* No

5.6 For some purchases or payments that are not possible through PECOS, we will transfer the money to your cost centre. Please provide the cost centre below:

5.7 If you have a quote or an image that you would like to include, please upload this below. *(Max. file size: 2 MB.)*

## 6. Practicalities

6.1 Please tell us how you will implement your project?

6.2 Please provide details about key milestones, timelines, who will be involved to deliver the project, etc.

6.3 What is the plan for when the money from this application has been fully spent?

Please tick all that apply

* Items will still be in use
* The project will be complete
* The project activities will be embedded in regular practice
* We will be seeking continuation funding from NHS Lothian
* We will be seeking continuation funding from NHS Lothian Charity
* We will be seeking continuation funding from another source
* Please provide more information on the answer given above

## 7. How did you hear about us

7.1 Please tell us how you found out about the opportunity to access funding from NHS Lothian Charity

## 8. Terms and Conditions

Top of Form

Before submitting your funding application, please read our [Terms and Conditions for Charitable Funding](https://nhslothiancharity.org/apply-for-funding/terms-and-conditions-for-charitable-funding/)

Bottom of Form