**LEAGUE OF FRIENDS OF THE JOHN RADCLIFFE HOSPITAL OUH**

**APPLICATION FORM FOR GRANT**

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| **NAME**  **POSITION**  **DEPARTMENT**  **EMAIL**  **AUTHORISATION (DIRECT MANAGER)** | **AMOUNT FOR WHICH APPLICATION IS BEING MADE ( INCLUDING VAT)**  **DATE** |
| **BID TITLE** |
| **FULL DESCRIPTION OF BID. ADD EXTRA PAGES IF NECESSARY.**  **(PLEASE PROVIDE SUPPORTING QUOTATION)** | |
| **REASON FOR THE REQUEST** | |

**PLEASE FOLLOW GUIDANCE FOR APPLICATION AT ALL TIMES**

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| **SEE NOTE 1 SUBMIT ANSWERS TO THESE QUESTIONS WITH APPLICATION FORM TWO WEEKS BEFORE COMMITTEE DATE**  **IF APPLICATION ACCEPTED FOLLOW NOTE 2**  **CONFIRM BELOW ACTIONS REQUESTED WITHIN TWO WEEKS. SUBMIT TO DAVID SIMPSON AT LeagueOfFriends-JR@ouh.nhs.uk** |