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| **To be completed by an authorised person requesting support from CSL Vifor on behalf of the healthcare organisation (HCO) and emailed to: VPUKCompliance@viforpharma.com** | | | | | | |
| Submission by: Contact Name and Title |  | Telephone | | |  | |
| Email | | |  | |
| Project Title |  | | | | | |
| Name of Requesting Organisation / Institution |  | | | | | |
| Details of legal status / organisational form / type of Institution:  (e.g. Hospital, Association, medical society) |  | | | | | |
| Requesting Organisation / Institution Address |  | Registered number from the National Court Register\* (or applicable statutory or government register e.g. Charity No#): | | | |  |
| Scope / description of statutory activities: |  | | | | | |
| Name and Address of Payee (please note payments cannot be made to an individual) |  | Date of submission | |  | | |
| **In the event that your grant application is successful, bank account details must be provided on your official letterhead and an invoice will be requested.** | | | | | | |
| Funding requested (amount) |  | | | | | |
| Date of commencement |  | | | | | |
| Brief description of project. For example:  What is it? What are your objectives? Who is the audience?  (more detail can be provided in attachments) |  | | | | | |
| CME accreditation | 🞏 No 🞏 Yes | | If yes, by whom (Institution): | | | |
| **If this request is for support of an educational meeting then please attach a meeting agenda.** | | | | | | |
| **If approved, the support provided will be disclosed against your healthcare organisation. VPUK is committed to disclosure and compliance with the UK and Ireland Codes of Practice** | | | | | | |