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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** |