

GSK UK Pharmaceuticals GRANT AND DONATION REQUEST FORM

Governed by POL-GSK-016 and SOP-GSK-016 v01

Please return the completed and signed form to:

By Post:	Medical Executive, GlaxoSmithKline UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT
GSK Grant Request E-mail:	gsk.grant-request@gsk.com
Date of Request	

REQUESTOR DETAILS

Name of Requesting Organisation		
Description of Organisation <i>Please include the function and aims of organisation</i>	Please tick the most appropriate description	
	Healthcare related Organisation	<input type="checkbox"/>
	Non-Healthcare related	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>
Contact Details <i>contact name, full address and telephone number.</i>	Telephone Number:	
Contact Name:	E-mail Address:	
Address:	<i>Please ensure that this completed request form is accompanied by a letter on your organisation's letter headed stationary signed by the requestor that requests GSK to consider this grant application.</i>	

GSK BUSINESS OWNER/ADVOCATE (to complete by GSK staff member only if applicable)

Name:	Job Title:
Telephone:	E-mail:

GRANT OR DONATION DETAILS (please indicate the broad nature of the grant or donation request)

Non Product non-financial donation (e.g. equipment or resource) <input type="checkbox"/>	Charitable Contribution <input type="checkbox"/>	HCO Core Funding <input type="checkbox"/>
Educational Programme <input type="checkbox"/>	Fellowships, Scholarships, academic support <input type="checkbox"/>	Patient Advocacy Support <input type="checkbox"/>
Membership of Eligible Professional or Scientific Society <input type="checkbox"/>	Public Policy and Advocacy Support <input type="checkbox"/>	Local Community Support Programme <input type="checkbox"/>
Other (please specify in adjoining box) <input type="checkbox"/>		

MONETARY GRANTS

If this is a request for financial support, will the funding request constitute more or less than 25% of funding the organisation will receive for the calendar year?

More than 25%

Less than 25%

Purpose

Please specify how the monetary grant would be used, including a breakdown of costs and attach additional sheets if necessary. Vague or non-specific applications will be rejected.

Capability/Experience

Please describe the Organisation's experience in/credentials for conducting the activity for which the grant/donation is requested

DONATIONS OF NON-MONETARY RESOURCES

Details Of The Type of Resource Or Equipment To Be Donated

Please specify how the donation would be used including a description of why such a donation is required. Use additional sheets if necessary

GSK UK is not currently accepting applications for non-monetary donations

CONFLICT OF INTEREST CHECK AND DISCLOSURE

Are any of the officers or beneficiaries of the Organisation a Government Official or affiliated with a Government Agency?

YES NO

If yes, please provide details below of the relevant government or decision-making bodies, and indicate whether you are involved or a member of your family. If a GSK product has recently or will in the near future (within 6 months) be subject to a review or decision by this government or other advisory or decision-making body, please also provide details of the relevant process

Does the Organisation or any of its officers or beneficiaries have a role making decisions or advising on

- a) the regulation of medicines
- b) Prescribing policy or funding /provision of healthcare at a national or international level

YES NO If YES please provide details below

Does the Organisation agree to named public disclosure of any Transfer of Value as required by the ABPI Code of Practice for the Pharmaceutical Industry?

YES NO

PAYMENT DETAILS

Bank Details <i>Payment must be to an Organisation and not to an individual's account</i>	Account Name		
	Account #		
	Sort Code		Branch
	TOTAL PAYMENT REQUESTED		£

All requests will be reviewed by the GSK UK Grants and Donations Committee.
Approved requests will require a signed agreement between GSK and the Recipient Organisation