

Application Form for Other Activities

Section 1

Name of Organisation *

Address of Organisation *

Post code *

Name of Primary Contact in the Organisation *

Role of Primary Contact in the Organisation *

Contact Details of Primary Contact

Office Telephone *

Mobile Number

E – mail address *

* Required field

Application Form for Other Activities

Section 2

I. Name of Programme *

II. Objective of Programme

III. Detailed Description of Programme

IV. Programme start and end dates

* Required field

Application Form for Other Activities

Section 3

I. Will the programme benefit patients or improve patient care? If so, how?

II. Will the programme benefit the NHS? If so, how?

* Required field

Application Form for Other Activities

Section 4

I. Total cost of activity *

II. Amount of funding being requested from Daiichi Sankyo *

III. Itemised breakdown of how the funding requested from Daiichi Sankyo will be spent. *

IV. Has request for funding in relation to this programme been requested from any other organisations? *

Yes No

V. If so please provide details

* Required field

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Section 5

Has your Organisation received any funding from Daiichi Sankyo UK in the last 3 years? *

Yes No

If so, please provide details e.g. amount, purpose of the funding and date it was received

* Required field