

Development of Healthcare Professional Education Application

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

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Section 2

I. Name of Programme *

II. Objective of Programme

III. Detailed Description of Programme

IV. Programme start and end dates

V. If you plan to hold an educational meeting as part of this programme provide the name of the venue and location and an explanation for why it is being held there

* Required field

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Section 3

I. How will it support Health Care Professional Education/Training? *

II. Number of recipients that will benefit from the programme and a description of their roles e.g. this could be the number of attendees at a meeting *

III. Will the event be accredited? If so, please provide details of the Accrediting Provider Organisation and the nature of the Accreditation *

* Required field

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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.

e.g. room hire, subsistence, travel, overnight accommodation, communication, materials, honoraria.

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

I have to the best of my knowledge answered the questions above accurately and am authorised to do so by my Organisation.

* Required field