

## Participation in Healthcare Professional Education Application Form

### 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 - Number \*

Mobile Number - Number

---

---

E – mail address \*

---

\* Required field

## Participation in Healthcare Professional Education Application Form

### Section 2

I. Name of Programme \*

---

II. Objective of Programme

---

III. Detailed Description of Programme

---

IV. Programme start and end dates

---

V. Name of the venue and location that the event/meeting will be held in

---

\* Required field

## Participation in Healthcare Professional Education Application Form

### Section 3

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

---

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

---

\* Required field

## Participation in Healthcare Professional Education Application Form

### 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. registration, travel, accommodation, subsistence.

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

## Participation in Healthcare Professional Education Application Form

### 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