Daiichi-Sankyo

Passion for Innovation. Compassion for Patients.™

Registered Charities or Patient Organisations Application Form

Section 1

Name of Organisation *

_____

Address of Organisation *

_____

Post code *

_____

If a Registered Charity please provide registration number *

_____

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 *

_____

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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

_____

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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?

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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. *

_____

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

Yes   No

V. If so please provide details

_____

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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

_____