Grant Application Form for Detect, Protect, and Perfect (DPP) initiatives

**Guidance:** All fields require complete population in order for any application to be valid. Queries regarding data processing and storage, please visit the Daiichi Sankyo UK Ltd website. For any difficulties in populating this document, please email [grantsanddonations@daiichi-sankyo.co.uk](mailto:grantsanddonations@daiichi-sankyo.co.uk)

Please ensure you also submit a fully completed anti-bribery questionnaire with your application, as **all** Grant applications **must** be accompanied by this questionnaire.

Section 1: Application details

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| **Name of Organisation** |
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| **Organisation address** |
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| **Postal code** |
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| **Name of the principle point of contact in the organisation, responsible for the application request** |
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| **Job title** |
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| **Email address** |
|  |
| **Telephone number** |
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Section 2: Proposal overview and details

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| **Name of the programme, project, or initiative** |
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| **Please outline the objectives of the project** |
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| **Detailed Description of Programme** |
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| **Estimated project start and completion dates** |
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| **Please outline how the proposed project will benefit patients or improve patient care across the AF-related stroke prevention pathway?** |
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| **Please explain how the funding will be used to reduce local detect, protect, and perfect gaps** |
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| **Please describe how the proposed project will benefit the NHS, including providing details of how the funding will be used to impact existing care models or transform patient services** |
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| **Total costs required to financial support the delivery of the activity (exc. VAT)** |
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| **Amount of funding being requested from Daiichi Sankyo UK to support the activity (exc. VAT, please note, we cannot pay VAT on Grants)** |
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| **Please provide an itemized breakdown for how the funding being requested from Daiichi Sankyo UK will be spent and in which timeframe** |
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| **Has a request for funding in relation to this project or programme been requested from any other pharmaceutical, or non-pharmaceutical organisations? (Please provide details if so)** |
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| **Has your organisation received funding from Daiichi Sankyo UK during the past three years? (If so, please provide details including the amount, the purpose of the funding, and the date it was received)** |
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**Declarations**

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|  | I, the applicant, confirm that I have to the best of my knowledge answered the questions above accurately and am authorised to do so on behalf of my Organisation |
| By submitting this application, the applicant, gives permission for either Daiichi Sankyo UK Ltd or NHS England to contact the applicant, via the contact details provided, to ask questions relating to the application | |

Upon completion of this application, please email to [Grantsanddonations@daiichi-sankyo.co.uk](mailto:Grantsanddonations@daiichi-sankyo.co.uk) with a fully completed anti-bribery questionnaire.