

## 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)

### Section 1 : Application details

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



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### Section 2

Please outline how the proposed project will benefit patients or improve patient care across the AF-related stroke prevention pathway? \*

Please explain how the funding will be used to reduce local detect, protect, and perfect gaps \*

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 \*

\* Required field

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Total costs required to financial support the delivery of the activity \*

Amount of funding being requested from Daiichi Sankyo UK to support the activity \*

Please provide an itemized breakdown for how the funding being requested from Daiichi Sankyo UK will be spent and in which time frame \*

Has a request for funding in relation to this project or programme been requested from any other pharmaceutical, or non-pharmaceutical organisations? \*

Yes  No

If so, please provide details including the amount, the purpose of the funding, and the date it was received \*

\* Required field

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

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, 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

I, the applicant, give 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)

\* Required field