

BHSCT Charitable Trust Funds Grant Application

Amalgam Fund Name & Number	
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For official CTF office use only		
CTF Unique Approval Ref	Date	Initialled

Details of anticipated expenditure (list all expected itemised costs) additional information can be provided on a separate sheet

Amount Required Excl of VAT £

Applicant Name Print
Signature & Date

<u>Employee Declaration FOR TRAVEL COURSES & CONFERENCES UK & IRELAND ONLY</u>
<p>Where applicable, by signing this form I confirm that: My study leave application has been approved by the appropriate manager through HRPTS system in line with the assistance to study policy.</p> <p>I am responsible for ensuring that the correct level of approval has been obtained before submitting the Charitable Funds Application</p> <p>Signature: _____ Date: _____</p>

I have reviewed the attached request and I am content it meets the Public Benefit Test, it fits with the fund objectives, Trust objectives, values and is in line with the CTF Handbook & Guiding Principles

Committee Member 1
Signature & Date

Committee Member 2 or Chair
Signature & Date

Category of Spend Please Select one					
Building & Refurb		Medical Research		Patient Education & Welfare	
Purchase of New Equip		Staff Education		Other	
Other- Please Specify					