

## BHSCT Charitable Trust Funds Grant Application

<b>Amalgam Fund Name &amp; Number</b>	<b>General Medical and Surgical Charitable Fund D01</b>
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For official CTF office use only		
<b>CTF Unique Approval Ref</b>	<b>Date</b>	<b>Initialled</b>

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

**Please see the attached Robotic business case and note that the costs will be shared (50:50) with the surgical BHSCT charitable fund as this a joint application between Gynaecology, Colorectal surgery and Thoracic surgery.**

**Note the running costs will be provided by the Belfast trust and SPPG.**

<b>Capital</b>	<b>£s</b>
Robot purchase	2,500,000
Software table	included
Digital software	included
Hand held camera	included
Instruments -	253,675
Endoscopes (4 included in price, need 2 more)	50,000
Operating table plus accessories	136,634
<b>Total</b>	<b>2,940,309</b>
With Optimism bias	289,031
<b>Total capital cost</b>	<b>3,229,340</b>

Total needed from OGF £1,614,670 as joint case with OG CF.

**Running cost are being funded by SPPG.**

Amount Required Exclusive of VAT  $\frac{£3229340}{2} = £1,614,670$ .

**APPLICANT PRINT NAME:**      **C J Tan**



**APPLICANT SIGNATURE & DATE** \_\_\_\_\_ **27/8/25** \_\_\_\_\_

**Employee declaration FOR TRAVEL COURSE AND CONFERENCES UK & IRELAND ONLY**

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.

I am responsible for ensuring that the correct level of approval has been obtained when submitting the Charitable Funds Application

NA  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*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*

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