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|  **Bayer Head Office Use Only** |
| **Date request recieved:\***  |  |
| **Job Bag Number:\*** |  |
| **Agreed Funding Amount:\*** |  |

**APPLICATION FORM FOR DONATIONS AND GRANTS**

**All fields marked with as asterisk (\*) are mandatory and must be completed.** Incomplete request forms cannot be processed. You may be contacted for further information before your application is fully assessed.

Applications must be submitted at least 8 weeks ahead of estimated project start date to allow sufficient time for your request to be reviewed and processed. If you have not heard from us within 6 weeks of the date of your application, you may wish to contact us via the email address below to request an update.

**Please note that we do not consider Donations and Grants requests that are:**

* **retrospective in nature**
* **linked to specific medicines/products/devices**

**Retrospective requests and/or those that include product mentions will be rejected.**

If you require more information on the Donations and Grants application process, please refer to the Donations and Grants application guidance document which is available on the Donations and Grants section of the Bayer UK website.

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| **When completed, please return this form to:** | MedAdmin@bayer.com **Note:** applications can only be accepted and considered via this email address |

**Organisation and requestor details:**

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| **Organisation Name: \*** |  |
| **Organisation Address: \*** |  |
| **Organisation Postcode: \*** |  |
| **Requestor Contact Name: \*** |  |
| **Requestor Contact Email: \*** |  |
| **Requestor Contact Number: \*** |  |

**Request details:**

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| **Please select the therapy area/specialty that your request relates to** | Cardiology      Oncology      Ophthalmology      Radiology      Women’s Health      Renal Health      Other, please specify  |
| **Please indicate which Service Improvement Module you are requesting: \*** | **Understanding and Assessing Your Service****Systematic Innventive Thinking** |
| **At least two of the following criteria must be demonstrated to be considered for this support, please tick at least two boxes that apply to your service:**

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|  | **Criteria** | **Evidence** – Please provide specific figures for your local area  |
| Prevalence | Local life expectancy at birth versus national average of: Male 78.6 years, Female 82.6 years (2020-2022)1 |  |
| Local prevalence of death from cardiovascular disease under 75 years of age versus national average: 72.5 deaths per 100,0002 |  |
| Local overall cancer survival at 10 years or more: national average 50%, 2010/113 |  |
| Local abortion rate versus national average: 20.6 abortions per 1,000 resident women in 2022, (England and Wales)4 |  |
| Local prevalence of AF versus national average: QOF prevalence in England, 2022/2023= 2.1% 5 |  |
| Performance | Local cancer waiting times against the national 2-week referral target6 |  |
| Wet age-related macular degeneration (wAMD) referral to treatment time versus the 2-week target7 |  |
| GP referral to treatment times versus the 18-week target8 |  |
| Evidence of services paused or cancelled as a result of COVID-19 |  |

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| **Please specify the objective of this Donation or Grant: \*** |  |
| **Please specify how this Donation or Grant will support healthcare, scientific research, or education: \*** |  |
| **Please specify project timelines, including the estimated start and end dates:\*** |  |
| **Please provide any additional information that you feel will support your application, such as: Delays due to limited capacity e.g. Time from referral to initial assessment**; **Lack of clarity around the pathway; Insufficient staff time to diagnose issues: \*** |  |
| **Please disclose full details regarding additional applications to other organisations for this Donation or Grant: \*** | [Include the name of company, funding amount requested, including whether total or part funding has been requested from an additional organisation]  |
| **Please provide full details, to the best of your knowledge, regarding any previous funding that your organisation has received from Bayer within the last two years: \*** |  |

**Please mark the following boxes to confirm your understanding (please note: your application cannot be processed unless all boxes have been ticked and your signature has been provided below):**

[ ] I understand that information provided on this form will be used for the purposes of assessing and processing the application and will be retained on file for recording and auditing purposes.

[ ] I confirm that the information provided is accurate and I have authorisation from my employers to approach Bayer for this support.

[ ] I understand that if the application is successful, Bayer reserves the right to release details regarding the support provided if requested to do so, and Bayer will, in accordance with the requirements of the ABPI Code of Practice, make public disclosures of any payments, benefits in kind or other transfers of value provided.

[ ] I confirm that if my application is successful, a clear and prominent declaration of Bayer’s Donation or Grant in relation to the resulting material/activity must be made clear

**Data Privacy:**

I acknowledge that Bayer and its agents may collect, store and process my personal data for the purposes of assessing and following up on your donations and grants request. I acknowledge my personal data may be transferred to the members of the Bayer group for such purposes (including for the avoidance of doubt, outside the United Kingdom and the European Economic Area (EEA). Bayer will treat such personal data in compliance with all applicable data protection legislation. It is in Bayer’s legitimate interests to process your personal data for these purposes and this is the legal basis for such processing. For further information about this and your rights, please refer to our Privacy Policy (link below).

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| **Name \***  | **Title \***  | **Signature \***  | **Date \***  |
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***PRIVACY NOTICE***

*All of the information and personal data shared with us will be protected and kept confidential and otherwise processed, in line with our Privacy Statement (accessible at* [*https://www.bayer.co.uk/en/abpi-code-relevant-contracts-and-forms-privacy-statement*](https://www.bayer.co.uk/en/abpi-code-relevant-contracts-and-forms-privacy-statement)*) and local regulations, including for the purposes of any financial disclosures required by the ABPI Code of Practice.*

*References:*

1. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2020to2022> accessed September 2024
2. <https://digital.nhs.uk/data-and-information/publications/statistical/ccg-outcomes-indicator-set/october-2022/domain-1-preventing-people-from-dying-prematurely-ccg/1-2-under-75-mortality-from-cardiovascular-disease> (data can be found on the Data tab of the Indicator Data excel file under Resources) accessed September 2023
3. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/survival#heading-Zero> accessed September 2023
4. <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2022/abortion-statistics-england-and-wales-2022> accessed September 2023
5. <https://fingertips.phe.org.uk/search/atrial> accessed September 2023
6. <https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/> accessed September 2023
7. <https://www.nice.org.uk/guidance/ng82/chapter/Recommendations> accessed September 2023
8. <https://www.england.nhs.uk/rtt/> accessed September 2023