**Please return the completed form to** **gsk.grant-request@gsk.com**

**All requests will be reviewed by the GSK UK Grants and Donations Committee and GSK will get in contact with you once a decision has been made.**

|  |
| --- |
| **REQUESTOR (Individual Representative) DETAILS**Individual Representative can be a senior member of the management, company’s secretary, legal representative or a person authorised to act on behalf of your organisation. |
| **Requestor (contact name):**Telephone Number:E-mail Address: | **Date of Request:**  |
| **Description of Organisation** *Please include the function and aims of organisation* | **Type of organization**:Healthcare related Organisation Patient Organisation Non-Healthcare related Other (please specify) |
| **\*Name of Requesting Organisation (Legal entity name):** **Registered address of Organisation** *contact name, full address and telephone number.***Company Registration Number:**Address: |
| **GRANT DETAILS** |
| **Are you aware if GSK have provided any other Grant funding to your organisation in the calendar year?****Yes No Not Known***Yes, please provide details:* |
| **Will the total cumulative amount of any GSK grants, including this request and any previous requests constitute more or less than 25% of the organisation’s total revenue for the calendar year?** **More than 25% Less than 25%**  |
| **Purpose of Request***Please specify how the monetary grant would be used.* |  |
| **Breakdown of costs***Please include a breakdown of costs and attach additional sheets if necessary.* *Vague or non-specific applications will be rejected.* |  |
| **Capability/Experience** *Please describe the Organisation’s experience in/credentials for conducting the activity for which the grant/donation is requested* |  |

|  |
| --- |
| **CONFLICT OF INTEREST CHECKS** |
| **Do/have you** any executives, directors, founders or senior management or significant beneficial shareholders**:** * Have a role that falls under the definition of 1Government Official who might be in a position to influence the purchase of GSK products or to offer an advantage to your business or GSK?
* Had a role as a Government Official in the past two years where they had influence on the decisions or actions regarding the proposed contract or the business activities of GSK or its affiliates?
* Have a role which involves advising, influencing or making decisions on:
	+ regulation of medicines; or
	+ procurement of medicines; or
	+ the funding provision for healthcare?
* Have a majority ownership or controlling interest in any other entity that could have influence over GSK’s business
* Have a close family member (e.g. spouse, children, parents, siblings) who falls under any of the previous categories?
* Are there any commitments, arrangements or other business activities that would prevent you from receiving this grant?
* Are there any other known circumstances which could give rise to a potential conflict of interest? Examples of a potential COI are noted above and further include anything that may influence judgment regarding interactions with GSK.
 | **NO** **YES-** *- please provide details:***NO** **YES-** *- please provide details:***NO** **YES-** *- please provide details:***NO** **YES-** *- please provide details:***NO** **YES-** *- please provide details:***NO** **YES-** *please provide details:***NO** **YES-** *please provide details:* |
| Are there any other third parties – including subcontractors, subsidiaries, branches, partnerships, associations or other parties that will be involved in the receipt of this grant or donation? If yes, please indicate whether conflicts of interest exist with these third parties or individuals. | **NO** **YES-** *please provide details:* |

|  |
| --- |
| **Disclosure** |
| **Does the Organisation agree to named public disclosure of any Transfer of Value as required by the ABPI Code of Practice for the Pharmaceutical Industry?** **Yes No**  |
| **PAYMENT DETAILS** |
| **Bank Details***Payment must be to an Organisation and not to an individual’s account* | **Bank Name**  |  |
| **Account Name**  |  |
| **Account #** |  |
| **Sort Code** |  |  |
| **TOTAL PAYMENT REQUESTED** | **£** |

***I declare that the information provided in this form is true, correct and complete to the best of my knowledge. I***

***understand that I may be required to provide additional documentation in support of the information provided above at the request of GSK.***

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name**  |  |  |  |
|  **Position** |  |  **Date** |  |

1 ‘Government’ refers to public international organisations (e.g, the World Health Organisation or United Nations) and all levels and subdivisions of governments, i.e. local, regional, national, administrative, legislative, executive, or judicial, royal or ruling families, state-owned enterprises or any other entities controlled by the state.

If you have any question regarding the processing of your personal information provided via this form please have a look at our privacy notice available on <https://privacy.gsk.com/> or contact us directly.