**Royal Free Charity Grant Application Form:**

**Staff Experience**

**Name of applicant: Job title:**

**Email: Phone/mobile: Extension:**

**Department: Site:**

**Name and contact details of Trust endorsement:**

(For allgrant applications we need confirmation that the project is supported by the Trust.

For the staff experience grant round, please ensure that your LEC is supportive of the application. You will need to provide an email evidencing LEC have confirmed support of your proposal.)

**Title of Grant/Project:**

**Project start date: Project end date:**

1. **What level of grant are you requesting?** (check one box below):

Small grant - up to £2,000  
 Medium grant - £2,001 to £10,000  
 Large grant - £10,001 to £100,000  
 Major project - over £100,000

1. **How much are you requesting?** If not 100% please describe where the remaining costs are coming from.

|  |  |
| --- | --- |
| **Amount requested in this application** | **£** |
| Amount secured/to be secured from other source(s) | **£** |
| **Total Project Cost** | **£** |

1. **Please indicate which one of the four themes below your grant relates to:** (check one box only)

**Clinical Services**  **Research & Development**

**Patient Experience** **Staff Experience**

1. **Please indicate what difference the grant will make** (check at least one of the list below)

Lead to enhanced service delivery and clinical outcomes

Improve patient treatment, care, services, experience, or support staff to improve these.

Promote innovation, transformation, and new service development

Provide improved diagnosis or treatment or a better experience for patients. This includes investment into education, research, equipment and patient care wards, departments, and clinics.

Help staff deliver front line patient care more effectively.

Support staff welfare ensuring the Trust can provide the very best of care for patients. Including activities that support staff to keep well and to continue growing professionally.

Pilot/test/implement projects relating to research seeking to produce the necessary data to springboard onto successful third-party funding bids for further study or quality improvement ideas.

Patient-focused translational research

Innovative equipment or a new initiative to improve patient care

Other please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What will the grant be used for?** Maximum1 page of A4

Please provide a description of the project/reason for the grant request, this should include the aims and objectives, the benefits you aim to achieve and the impact it will make, the importance of the project, any gaps it will fill.

* For research grants please ensure you address the areas of project design, method, and innovation.
* For equipment grants please ensure you outline why it is being sought, where the equipment will be housed, who will use it. Please ensure you attach a complete trust medical equipment form.
* For study leave please attach the relevant trust study leave form.

Please type here or attach a maximum of 1 page of A4.

1. **How will the impact of the grant be measured?** Please add rows as necessary.

Please note you will be required to provide regular updates and report on progress against the milestones and impact measures you’ve set out below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please set out in the table below the key milestones and impact measures**  Where possible please ensure targets areas SMART as possible: Specific, Measurable, Achievable, Realistic, Time-framed. Please also indicate the anticipated completion date of the project. | | | |
|  | **Milestones**  Please detail the project/grant progress phases or delivery points | **Impact measure**  How will you measure success? What are the SMART impact measures or QI measures? | **Achieved by date** |
|  | **Examples**  a) Improvement in staff well-being  b) Develop activities to support digital accessibility | **Examples**  a) 25% increase in staff accessing the service  b) xx% reduction in DNAs | **Examples**  a) By Dec 2022  b)6 months from start date |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

**7. Budget details**

Please set out below the anticipated cost of the project. Ensure any amounts stated includes any VAT costs that may be incurred. Where a grant is to cover a staff salary, the cost must also include any pension, NI or other costs incurred by the employer. Please add rows are necessary.

|  |  |
| --- | --- |
| **Item** | **Cost £** |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Total** |

Please note, further funds will not be provided to complete the project in the event of any shortfall.

**8. Are there additional costs and what plans are in place to guarantee the sustainability of the project?**

A sustainability plan should outline how cost recovery and, if appropriate, other funding will ensure the project will be maintained and become self-sustaining. For example, please think about any equipment maintenance costs, training costs, sustainability of staff posts etc.

**9. Please explain why this funding isn’t coming from a departmental or NHS budget**

**Please send your completed application and any attachments to:**

[**grants@royalfreecharity.org**](mailto:grants@royalfreecharity.org)

**Privacy policy statement**

The personal information given above to the Royal Free Charity will be kept safe and we will not do anything with your data that you would not reasonably expect. This data is required to administer your grant application. We will not sell your details to any third parties. Full details of our privacy policy are given in our website, www.royalfreecharity.org

**For internal use only:**

|  |  |  |
| --- | --- | --- |
| **Date received:** |  | |
|  | Y | N |
| Theme identified |  |  |
| Trust endorsement listed |  |  |
| Amount requested in line with grant level identified |  |  |
| SMART Impact measures identified |  |  |
| Budget complete |  |  |
| Further information required |  |  |
| Proceed to assessment |  |  |