**COVID-19 Charitable Funds Application**

**Patient, Staff and Volunteer Wellbeing**

**(Bids from £500 - £25,000)**

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| 1. **Name of ward, service or department:**
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| 1. **Main Contact:**
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| Contact Name: | Job Title: | Work Base: |
| Telephone: | Email: |
| 1. **Please provide as much information as possible on the items you are requesting to enhance staff and volunteer wellbeing:**

***Please do not place any orders yourself; all orders will be made centrally should your request be successful*** |
| e.g. Description of items, number required, name of supplier, approximate cost.  |
| 1. **How will this expenditure enhance the wellbeing of our patients, staff or volunteers impacted by COVID-19?** Max 100 words (please refer to Health Charity Strategy Objectives)
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| 1. **Management approval:** Please confirm who has approved the submission of your request. e.g. Senior Nurse, Service Manager, Head of Department or equivalent.
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| Name: | Job Title: |
| Telephone: | Email: |
| 1. **Submitted by:**
 |
| Name:Job Title: | Date: |

**Send applications by email:** Fundraising.cav@wales.nhs.uk
**Any questions:** 029 218 36042