**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:** | | | |
|  | | | |
| 1. **Main Contact:** | | | |
| 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) | | | |
|  | | | |
| 1. **Management approval:** Please confirm who has approved the submission of your request. e.g. Senior Nurse, Service Manager, Head of Department or equivalent. | | | |
| Name: | | Job Title: | |
| Telephone: | | Email: | |
| 1. **Submitted by:** | | | |
| Name:  Job Title: | | Date: | |

**Send applications by email:** [Fundraising.cav@wales.nhs.uk](mailto:Fundraising.cav@wales.nhs.uk)   
**Any questions:** 029 218 36042