Donation request form

For your cause to be considered by our Giving Back Committee, you’ll need to answer a couple of questions for us to understand a bit more about what you want us to fund.

Alongside your application, you’re also asked to provide your bank details (such as Account Name, Sort Code, Account Number) on official, headed paper. This needs to be signed by someone in authority in your organisation and include the reference required for payment into your bank account, so you’ll know it’s from us.

Please ensure you complete the form as fully as possible and to the best of your knowledge. Please note that all applications that aren’t completed fully will be returned to you and only considered by the Committee once fully complete. You’re also welcome to attach any additional relevant information with your submission.

All applications are reviewed by the Giving Back Committee at the end of each month. You’ll be alerted of the outcome of your application as soon as a decision has been made. Please note that our average donation amount for FY 2023.24 has been £3k, for reference.

If anything is unclear, please don’t hesitate to get in touch. Please submit your completed form to: [community@westfieldhealth.com](mailto:community@westfieldhealth.com)

What we’re looking for

Westfield Health’s Giving Back Committee are only seeking to fund causes that set out to make a healthy difference, including those that are:

* To people who are young and/or vulnerable
* To support preventative health and wellbeing initiatives
* To celebrate and promote a healthy life
* To try and tackle health inequality

Example impacts we’re looking for include:

* Improved wellbeing and quality of life
* Improved access to health and wellbeing initiatives, especially in hard-to-reach populations and underfunded and marginalised communities
* Improved quality of health and wellbeing resources
* Improved attendance/take up of health and wellbeing initiatives
* Improved social interactions/education of health and wellbeing initiatives
* Improved community cohesion around health and wellbeing

Impact reporting

Please note that if your cause is selected for funding, you’ll be asked to complete an impact report for us to understand the outcome of your project or initiative. This is for us to have visibility over the causes we fund and ensure our donation are making the biggest possible impact in the community.

Details required

|  |
| --- |
| Charity/organisation that you are applying on behalf of |
| Charity/organisation name:  Organisation type:  Charity Commission Registration Number/Organisation Registration Number: |
| Contact details for the main contact at charity/organisation |
| Contact name:  Job title:  Address, including postcode:  Email address:  Telephone number:  Website: |
| Your request |
| Amount requested:  If we are unable to offer the full amount due to budgetary restrictions, would you be happy with a smaller contribution to the amount you are requesting? |
| What will this donation be used for? |
| What are the aims of your charity/organisation? i.e. why do you exist? |
| What impact/outcomes will be achieved should your application be successful?  Please use qualitative and quantitative data here, such as ‘three new hospital beds’ or ‘an improved quality of life for hospital patients’. |
| Who will benefit from this donation? |
| How many people do you anticipate this donation might benefit? |
| I confirm all of the information provided within this application is correct and I understand the reporting requirements should I be successful.  Signature:  Date: |

Office use only (to be completed by the secretary of the Giving Back Committee):

|  |  |
| --- | --- |
| Question | Outcome |
| Have appropriate vetting checks been completed? |  |
| Has this organisation requested donations previously? |  |
| Application decision (as agreed by the Committee) |  |
| Date |  |
| Amount approved |  |
| Method of payment |  |
| Have bank details been provided on letterhead? (Account Name, Sort Code, Account Number, Reference) |  |
| Secretary signature |  |
| Chair signature |  |
| Date |  |