



LEAGUE OF FRIENDS OF THE JOHN RADCLIFFE HOSPITAL OUH

APPLICATION FORM FOR GRANT

NAME	AMOUNT FOR WHICH APPLICATION IS BEING MADE (INCLUDING VAT)
POSITION	DATE
DEPARTMENT	
EMAIL	BID TITLE
AUTHORISATION (DIRECT MANAGER)	
FULL DESCRIPTION OF BID. ADD EXTRA PAGES IF NECESSARY.	
(PLEASE PROVIDE SUPPORTING QUOTATION)	

REASON FOR THE REQUEST

PLEASE FOLLOW GUIDANCE FOR APPLICATION AT ALL TIMES

SEE NOTE 1 SUBMIT ANSWERS TO THESE QUESTIONS WITH APPLICATION FORM TWO WEEKS BEFORE COMMITTEE DATE

IF APPLICATION ACCEPTED FOLLOW NOTE 2

CONFIRM BELOW ACTIONS REQUESTED WITHIN TWO WEEKS. SUBMIT TO DAVID SIMPSON AT LeagueOfFriends-JR@ouh.nhs.uk