**PROJECT PROPOSAL FORM (Part 1 of 2) - to be supported by a member of staff**

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| --- | --- | --- |
| Full name of staff member | | |
| Job title of staff member | | Length of service with Bromley Healthcare |
| Work Address  Post code | | |
| Work telephone no | Work email | |
| Home address (not applicable to staff)  Post code | | |
| Who will be the project lead? | | |
| What is the name of your project? | | |
| Why is your project needed? | | |
| What difference will your project make? | | |
| How will you make your project happen? | | |
| How many people will benefit from your project and in what ways? | | |
| Will you accept referrals from Bromley Healthcare CIC? | | |
| Will you work with anyone else to make your project happen? | | |
| How much are you asking for in percentage terms towards your project? | | |
| How much money have you already secured towards the budget? | | |
| Are you aware of any other guidelines or approval we need to adhere to? | | |
| What will happen after your project ends? | | |
| How long is your project or is it on going? | | |
| Have you started work on your project yet? | | |
| How will you brand the support the Charity gives? | | |
| Will you agree to allow our photographer to take pictures for promotional purposes? | | |
| Further supporting information | | |
| Signature of staff member | | |
| Signature of project lead if different from above | | |
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**If you require further assistance, please contact the Charity Administrator, Bromley Healthcare Charity, Global House, 10 Station Approach, Hayes, Kent. BR2 7EH; email:** [**charity@bromleyhealthcare-cic.nhs.uk**](mailto:charity@bromleyhealthcare-cic.nhs.uk)**; and telephone: 020 8462 0297.**