**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 AddressPost 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****; and telephone: 020 8462 0297.**