

Lundbeck UK Grant Application Form

Guidance for Completion of Request form

Please complete all fields of the form for a full review of your request to take place. Once the form is complete, please send to UKGrantsandDonations@lundbeck.com. Grants cannot be provided to individuals only to organisations.

Section 1 – Applicant Details		
Date of Application		
Organisation Name		
Organisation Address		
Postal Code		
Primary Contact Name and Details	Name: Role: Email: Phone:	
Organisation Type	 ☐ Healthcare Organisation ☐ Patient Organisation ☐ Charity ☐ Other (please give details) 	
Section 2 – Activity Proposal		
Name of proposed project/activity		
Objectives of the project/activity		
Detailed description of the project/activity		
(please give in depth details including financial breakdowns)		
Estimated start and end dates of	Start Date:	
project/activity	End Date:	
Outline how the proposed project/activity will benefit patients and/or improve patient care.		

Describe how the project/activity will benefit the NHS/healthcare and impact or improve existing healthcare			
Total cost of Project/Activity			
Total cost requested from Lundbeck			
Ltd			
(Note: VAT is not payable on Grants)			
Have you requested funding from any other pharm	aceutical company for this project /activity? If yes,		
please provide name and requested amount.			
Her years a received in a few discrete section	and head that during the page 2 years		
Has your organisation receiving funding from L	- , ,		
	ncluding date of funding, amount, and purpose		
of funding.			
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Section 3 - Anti-Bribery Questionnaire	in ad ass		
Bribery under the UK Bribery Act 2010 is def	ined as:		
Offering, promising, giving, requesting, agreeing to receive, or accepting an advantage with			
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	Health Technology Appraisals	
	☐ Yes ☐ No	
	Inclusion into formularies, guidelines or similar	
	☐ Yes ☐ No	
If yes to any of the above question please give details here including name, role of person, nature of		
influence and Lundbeck products if known:		
I, the applicant has to the best of my knowledge answered the questions above accurately and am		
authorised to do so on behalf of my organisation.		
By submitting this application, the applicant gives permission for Lundbeck Ltd to contact the		
applicant via the contact details provided, to gain further information relating specifically to this		
application.		
Signature of Requestor:	Date of Signature:	
	-	
(can be electronic signature)		

Once the form is complete, please send to <u>UKGrantsandDonations@lundbeck.com</u>.

The personal data which you have provided in this form will be used for the purposes of processing your request in accordance with our Privacy Notice for Healthcare Professionals. In processing your personal data, we will always comply with applicable data protection laws. A copy of our Privacy Notice can be found on our website at: www.lundbeck.co.uk. If our website is unavailable for any reason, please email dataprivacy@lundbeck.com and we can provide a copy. We will only retain your personal data for as long as is reasonably necessary to achieve the purpose of the processing unless the law requires us to preserve it. Please note that under the requirements of the ABPI Code of Practice, we are required to publicly disclose grants on an annual basis and retain this information for at least five years after the end of the calendar year to which it relates.

Lundbeck Ltd Use Only

Date received by Lundbeck Ltd	
Date discussed at G&D Committee	
Date approved/rejected	