**No:**

# Great Western NHS Foundation Trust Staff Lottery

**Application to the Staff Lottery Fund**

**Christmas 2017**

Once completed this form should be submitted to:

Lisa Campisano, Finance, Commonhead Offices or Janine Sullivan, IM&T, Main GWH Building

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| Details of Applicant/s **Full Name:** ……............................................................. **Department/Area**…………………………………….  (Please print clearly - This should be the individual completing this form and/or the individual who will act as a contact point for the Lottery Committee)  **Work Telephone Number**: …........................... **Number of Trust staff who will benefit**: …...................... |
| **Details of Application**  Please answer the following questions (continue on separate sheet if needed):  What would you use the money for?( e.g. organised party/meal/theatre trip/event ) ..……………...………………………………………………………………………………………;…..……...  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  **Include all staff names with signatures and payroll number on the back on the form (or separate sheet)**  **Please make sure you provide employees payroll numbers & if they are a member of the staff lottery**  What is the cost per head & much money will you need in total? (Please ensure that you have fully costed your bid. Additional cash may not be available at a later date). Please give a complete breakdown of these costs.  …………………………………………………………………………….……………………………………...  …………………………………………………………………………….……………………………………...  …………………………………………………………………………….……………………………………... |
| Processing Your Application A signature of the relevant Manager/Departmental Head should be gained to support the application.  I have read and support the above application: …………………………………………………...…. (Manager)  Signature of the Applicant: …………………………………………….....….. Date: ………………….  Print name ……………………………………………………………………..  Enquiries about the completion of this form should be directed to Lisa Campisano or Janine Sullivan |

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| **NAME *(print clearly)*** | **SIGNATURE** | Member of Staff Lottery Y/N | **PAYROLL NUMBER** |
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