

Funding Application for a New Post

Please note, BKPA does NOT normally fund core NHS posts. Please ensure your application highlights the justification for seeking funding outside of NHS funding and the importance of this post to patients.

Please ensure you refer to the Application Guidelines, available on the BKPA website, when completing this form, and complete all sections in full. Please note, handwritten applications will not be accepted.

There are considerable demands on the Charity's limited funds and it is simply not possible to meet every request for funding that we receive. Please ensure that this application is completed fully and any additional information requested is attached. Feel free to append additional information that justifies the need and benefit of this application, as this will help the Grants Committee prioritise your application over other less well considered applications.

SECTION 1 - GRANT APPLICATION SUMMARY

Name of Hospital:

Name of Applicant:

Title of Post:

Full time / Part time:

No. of hours / week:

Number of Years requested:

Total funding requested:

Brief summary of why this funding is being sought from BKPA
(no more than 100 words):

Core BKPA theme supported
(Refer to BKPA Guidelines on BKPA website):

SECTION 2 - APPLICANT'S DETAILS

Name of Hospital or KPA:

Name of Applicant:

Position:

Band:

Address:

Post Code:

Tel:

Fax:

Email:

SECTION 3 – DESCRIPTION OF POST FOR WHICH FUNDING IS REQUESTED

Job Title:

Accountable to:

Please outline the aim of the role and provide a description of the post for which funding is requested.

A statement of case and job description should also accompany this application. If the proposed post holder is already known, please also submit a copy of his/her CV.

Grade & Point on salary scale:

Justification for banding level requested:

Responsible for:

Number of hours per week:

SECTION 4 – DETAILS OF CASELOAD

Number of patients at renal unit:

Number of patients expected to benefit annually:

Who does this work currently or has done it in the past?:

Please note, it is essential to provide details of the level and scale of resource pertinent to this role's area of specialism, already currently available to patients. An organisational structure chart must be included with the application

How much time will be spent in the unit?:

How much time will be spent travelling?:

SECTION 5 – JUSTIFICATION FOR POST (STATEMENT OF CASE)

BKPA will not normally fund core NHS posts. Please outline and provide details of the importance of this post, why this post is required, and why it should be considered new or innovative, and therefore not core provision. Finally it is important that you demonstrate what plans are in place to ensure a positive outcome and the long term sustainability of this post

Details of post (Max 450 words):

It is IMPORTANT that you include the following with your application:

- A.** A copy of the relevant salary scale with the banding requested highlighted.
- B.** A job description highlighting the qualifications, experience, training and responsibility of the proposed employee in relation to a particular band.
- C.** An organisational structure chart indicating the position of the post, for which funding is being sought, within the department.
- D.** Details of the supervision regime in place as appropriate.

SECTION 6 – BENEFIT TO KIDNEY PATIENTS

The BKPA can only fund posts for which there will be a clear benefit to children or adults affected by kidney disease. Please describe how your proposal will improve life for kidney patients and approximately how many people will benefit.

Describe your proposal (Max 600 words):

Please outline how you plan to measure the impact/benefit to patients of this post:

SECTION 7 – FINANCE REQUESTED

Salaries may be requested for a maximum of 3 years, after which BKPA expects the Hospital Trust or other appropriate authority to pick up the funding at the same level.

Number of years for which funding is being requested:

Funding for years 2 and 3 (if applicable) will only be released on receipt of a full and detailed account of the previous year's activities (Annual Performance and Feedback Report).

Number of patients expected to benefit annually:

	YEAR 1	YEAR 2	YEAR 3
Salary:	£	£	£
(If requesting part time or part funding of a post, please state full time equivalent)	£	£	£
London Weighting (If applicable):	£	£	£
Allowance for increment:	£	£	£
Total Gross Pay:	£	£	£
Employer's NI:	£	£	£
Employer's Pension:	£	£	£
Total Gross Cost:	£	£	£
Please state any additional costs If applicable			
	£	£	£
	£	£	£
	£	£	£
	£	£	£
TOTAL:	£	£	£

Total funding requested:

£

The BKPA will normally only consider applications for which funding is not available from the hospital trust or other relevant authority

Please confirm whether the hospital trust (or other relevant authority) has been approached for funding for this post:

Yes

No

What was the outcome?:

Please provide documentary evidence to substantiate

Has the hospital trust (or relevant authority) agreed to pick up the funding of this post at the same level at the end of the period for which funding is being requested from the BKPA?

Yes

No

Please provide documentary evidence to substantiate

SECTION 8 – PREVIOUS AWARDS FROM THE BKPA

Please give details of any previous awards from the BKPA in the past 3 years.

	AMOUNT	PURPOSE	DATE
1.			
2.			
3.			

The Hospital Trust has not received funding from BKPA in the last three years

SECTION 9 – RAISING AWARENESS

Please outline details of how you will raise awareness of BKPA's support, for example local press coverage, write-ups in hospital and KPA magazines and inclusion of information at local and national meetings etc.

How you will raise awareness:

Post holders funded by BKPA are normally required to wear a BKPA badge. Please confirm that this is acceptable to your Trust's uniform policy/guidelines.

I confirm that the post holder will be required to wear a BKPA badge.

SECTION 10 – DECLARATION

DECLARATION BY APPLICANT

I confirm that the information provided is correct to the best of my knowledge and, if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded.

Name of Applicant:

Signature:

Date:

DECLARATION BY SENIOR RENAL CONSULTANT

I confirm that I have read the information provided and to the best of my knowledge this is correct. I am happy to support this application, and agree to take overall responsibility for its oversight.

Name of Consultant:

Position:

Signature:

Date:

CHECKLIST

Before submitting your application, please ensure that: (please tick the box if enclosed)

1. All sections of the application form have been fully completed.
2. The form is signed by the applicant and the Senior Renal Consultant at the named Hospital.
3. A detailed statement of case is included.
4. Documentation from the appropriate authority is included confirming that public funding is not available for this post.
5. Documentation confirming the outcome of discussions about ongoing Trust funding for this post after the BKPA Grant has finished.
6. A full CV of proposed or existing post holder is included, if available.
7. A copy of the relevant salary scale with the banding requested highlighted.
8. A department organisation chart indicating the position of the post for which funding is being sought.
9. A job description highlighting the qualifications, experience, training and responsibility of the proposed employee in relation to a particular band.
10. Any additional sheets supporting the application have been attached.

It is crucial to this application being considered that all the information requested above and documents are included with this form.

CONTACT ADDRESS

Please send your completed application and supporting documentation to:

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