



Patient Organisation Support Request Form

PLEASE NOTE: This application form is used to gather further information about your request for support. This is **not** a formal contract and the decision as to whether support can be provided or not will be sent to you after you have returned this form to Bayer for consideration.

Please complete all fields below before submitting your request. Incomplete request forms cannot be processed and you may be contacted for further information before your application is fully assessed.

Applications must be submitted at least 8 weeks ahead of estimated project start date to allow sufficient time for your request to be reviewed and processed. If you have not heard from us within 6 weeks of the date of your application, you may wish to contact us via the email address below to request an update.

Please send the completed application form to: PAGrequests@bayer.co.uk

Requests for activities that have already started or taken place cannot be considered.

For Bayer Use Only:

Project Owner	
EAS Item Number:	

Organisation and requestor details:

Organisation name	
Organisation address	
Organisation postcode	
Requestor Contact Name:	
Requestor Contact Email:	
Requestor Contact Number	

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Request details:

<p>What is the timeframe for this activity? Please include:</p> <ul style="list-style-type: none">➤ Any specific set dates (e.g. for an event/meeting)➤ If applicable, estimated start and end date for the activity	
<p>What is the activity title?</p>	
<p>What is the type of activity?</p>	<p>For example: Donation – Request for non financial support. Grant – Request for financial Support Sponsorship – Request for Bayer to sponsor a meeting, event, conference etc.</p>
<p>What are the activity Objectives?</p>	
<p>Please provide a detailed description of the activity, including the purpose and nature of the activity.</p> <p><i>**Please also attach any relevant supporting documentation such as, project plans, meeting agenda, timelines etc, to help us fully understand and consider your application.**</i></p>	

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How will patients and/or the NHS benefit from this activity?	
Total requested funding amount:	
Full breakdown of the funding amount: <i>**Please attach quotes and include detailed itemisation and breakdown of costs to account for the level of requested funding**</i>	
What is the time period over which support is to be given?	For example: - One off payment - 1 year contract - Defined stage payments
Have you received any previous funding/ support from Bayer?	If yes, please provide details of the support below.
Aside from Bayer, are there any other companies who may be providing support for this specific activity?	If yes, please list below.
Will there be any public communications (including social media use) as part of the activity, or to publicise outputs from the projects?	If yes, please provide all relevant details below.

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Is there anything else you would like to mention which may be important for Bayer to note?	
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Please mark the following boxes to confirm your understanding (please note: your application cannot be processed unless all boxes have been ticked and your signature has been provided below):

I understand that information provided on this form will be used for the purposes of assessing and processing the application and will be retained on file for recording and auditing purposes.

I confirm that the information provided is accurate and I have authorisation from my organisation to approach Bayer for this support.

I understand that if the application is successful, Bayer reserves the right to release details regarding the support provided if requested to do so, and Bayer will, in accordance with the requirements of the ABPI Code of Practice, make public disclosures of any payments, benefits in kind or other transfers of value provided.

I confirm that if my application is successful, a clear and prominent declaration of Bayer's Sponsorship, Support, Donation or Grant in relation to the resulting material/activity must be made clear

Data Privacy:

I acknowledge that Bayer and its agents may collect, store and process my personal data for the purposes of assessing and following up on your support request. I acknowledge my personal data may be transferred to the members of the Bayer group for such purposes (including for the avoidance of doubt, outside the United Kingdom and the European Economic Area (EEA). Bayer will treat such personal data in compliance with all applicable data protection legislation. It is in Bayer's legitimate interests to process your personal data for these purposes and this is the legal basis for such processing. For further information about this and your rights, please refer to our Privacy Policy (link below).

Name *	Title *	Signature *	Date *

PRIVACY NOTICE

All of the information and personal data shared with us will be protected and kept confidential and otherwise processed, in line with our Privacy Statement (accessible at [Privacy statement for ABPI CR Contracts](#)) and local regulations, including for the purposes of any financial disclosures required by the ABPI Code of Practice

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