**Takeda UK Ltd and Takeda Products Ireland Ltd**

**Grants & Donations Guidance Notes**

Thank you for your enquiry relating to the provision of a financial donation/grant by Takeda UK Ltd / Takeda Products Ireland Ltd. Takeda wishes to work in partnership with the NHS / HSE and Healthcare Professionals (HCPs) and is pleased to consider requests that will directly benefit the NHS / HSE and its patients. This also includes requests from patient groups or other charitable causes.

All requests must meet the regulatory requirements of the Association of British Pharmaceutical Industry (ABPI) Code of Practice and Irish Pharmaceutical Healthcare Association (IPHA) Code of Practice.

**To be eligible, the outcome of the grant or donation must improve patient care *or* benefit the NHS / HSE whilst maintaining patient care. Takeda will consider applications for grants or donations pertaining to the following therapy areas: Gastroenterology, Oncology, Rare Disease, Haematology, Immunology and Neuroscience\***

**\*UK only**

**Examples of activities that may be considered for funding:**

* Production costs for a Health Board’s clinical treatment guidelines
* Running costs for an organisation’s website
* Administration costs for a medical society or patient group
* Contributions to fees for training courses for HCPs or administrative staff, that are of benefit to the wider NHS / HSE and patients rather than the individual recipient
* Registration fees, but not associated travel and accommodation costs, in order to attend a recognised scientific or educational meeting or congress (UK/Ireland or overseas)

**Examples of activities that will not be considered for funding:**

* Applications from political parties, lobbying organisations or religious organisations
* No grant will be made to an individual where the proposed use appears to benefit individuals rather than patients or the NHS / HSE
* Award ceremonies, summer balls, competition prizes or social events
* Locum costs or projects constituting normal employment duties
* Payment for standard medical equipment for general practice e.g., sphygmomanometer, stethoscopes, etc.
* Payments to install standard practice computer software e.g., read codes updates

**The following activities fall outside of the scope of Takeda Grants & Donations:**

* Clinical research, including Investigator Initiated Trials
* Exhibition stand fees
* Partnership or Joint Working Projects with Takeda UK

**How do I submit a request?**

1. Applications will only be considered on receipt of a completed and signed Grant Request Form (attached). These guidance notes are intended to assist with the completion of the Grant Request Form
2. Checklist for completion of Grant Request Form

|  |  |  |
| --- | --- | --- |
| **Requestor’s Details** | * Applicant must be a healthcare or academic organisation or an employee of such an organisation. * Where possible supply direct email address and direct dial telephone number. | **¨** |
| **¨** |
| **Describe the purpose for which the grant/donation is intended** | Provide a detailed description of the purpose of the proposed grant/donation making clear any relevant dates and timelines. If necessary, feel free to submit additional documentation describing the activity. | **¨** |
| **Total amount of funding applied for** | Clearly state the amount requested and if necessary, include a breakdown of these costs (the requested budget must reflect the proposed activity). | **¨** |
| **Relevant funding already applied for** | If you have applied for any funding for these activities from other organisations, please complete the details in the table provided. | **¨** |
| **Payment Method Details** | Payments will only be made to a healthcare organisation, academic centre or similar such entities. Payments will not be made to individuals. | **¨** |
| **Signature** | Please return the form with a wet or electronic signature. | **¨** |

1. Please submit any other information or documentation which you think will support your application
2. Return the Grant Request Form to Takeda either by email or post to: -

[cco.smbx.gb-grantsdonations@takeda.com](mailto:cco.smbx.gb-grantsdonations@takeda.com)

Grants & Donations Takeda UK Ltd.

1 Kingdom Street,

 London,

 W2 6BD,

**Please take care to include all relevant information at the time of the application. Failure to do so will delay our consideration of your application and / or result in rejection.**

**What is the process for grant approval?**

**Please do not consider any grant request approved until you have received final written confirmation from Takeda UK Ltd / Takeda Products Ireland Ltd.**

* Once we have considered your application and made our decision, we will formally notify you stating whether your request has been conditionally approved or rejected. **We aim to reply to all requests within 6 weeks**.
* If, after six weeks, you have not received a decision on your request please email: cco.smbx.gb-grantsdonations@takeda.com

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Project Administration Details – **TO BE COMPLETED BY TAKEDA** | | | | | | | | | | | | | | |
| Date received |  | | | | | | | | | G&D code | | |  | |
| Title of Project |  | | | | | | | | | | | | | |
| Requestor’s Details – **TO BE COMPLETED BY APPLICANT** | | | | | | | | | | | | | | |
| Institution / Organisation | |  | | | | | Address [including postal code] | | | | |  | | |
| Job title | |  | | | | |
| Title  (Prof/Dr/Mr./Mrs. ) | |  | | | | |
| First name /initial | |  | | | | |
| Surname | |  | | | | |
| Email address | |  | | | | | Telephone No. | | | | |  | | |
| **Describe the purpose for which the grant/donation is intended; please provide as much detail as possible to allow adequate assessment. If necessary feel free to submit additional documentation with this form.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Total amount of funding applied for | | | | Currency |  | | | Amount | | |  | | | |
| ***If this application is successful, this Grant / Donation will be provided solely for purposes consistent and related to the purposes outlined above and detailed in any accompanying documentation.*** | | | | | | | | | | | | | | |
| I confirm that this application meets the requirements of the organisation for which it is intended. Furthermore, I can confirm that the following additional funding has also been requested in relation to this project from:   |  |  |  | | --- | --- | --- | | **Organisation** | **Amount** | **Decision (Yes / NO / Pending)** | |  |  |  | |  |  |  | |  |  |  |   **After a final decision is made concerning this application no further correspondence will be considered.**  **Payments will only be made to a healthcare organisation, academic centre or similar such entities. Payments will not be made to individuals.**  **Please note, without your IBAN and Swift/BIC Code details we are unable to process your application.** | | | | | | | | | | | | | | |
| Payment method details: **To be completed in full by the applicant.** | | | | | | | | | | | | | |
| Organisation Name | | |  | | | | | | | | | | |
| Account name | | |  | | | | | | | | | | |
| Bank Name | | |  | | | | | | | | | | |
| Sort Code | | |  | | | Account Number | | |  | | | | |
| IBAN Number | | |  | | | | | | | | | | |
| Swift/BIC Code | | |  | | | | | | | | | | |

**You acknowledge the above request for a Grant / Donation** **is in compliance with all applicable laws as well as your own organisation’s rules and regulations.**

**Applicant**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by Takeda**

|  |  |  |
| --- | --- | --- |
| Comments | | |
| **SIGN OFF: Head Office Use: Preliminary approval** | **Signed** | **Date** |

|  |  |  |  |  |
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| **Compliance Director**  **NAME:** | Approved in principle requires an acceptance letter and contract(s) | Rejected |  |  |
| **Medical Director**  **NAME:** | Approved in principle requires an acceptance letter and contract(s) | Rejected |  |  |
| **Managing Director**  **NAME:** | Approved in principle requires an acceptance letter and contract(s) | Rejected |  |  |
| **Amount Approved** |  | N/A |  |  |
| **Cost Centre** |  | Internal Order Number |  | |