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| ***Disclaimer****The Grant Request Application Form (the “Form”) has been prepared by Swiss Medtech as a suggested guide only and should not be construed as legal advice for any particular facts or circumstances. Use of this Form or any parts thereof shall be at the sole discretion and risk of the user parties. Swiss Medtech shall not be held liable for any loss or damage that may result from use of this Form or any parts thereof. Swiss Medtech reserves the right to change or amend the Form or any parts thereof at any time without notice.*  |

**Educational Grant – Request Form**

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|  **Instructions – Please read before completing the form*** Grant applications must be submitted to the Company at least xx days prior to the first event/activity taking place with all supporting documentation attached. Any application not complying with these timelines will be rejected.
* Please note there is no guarantee that all of the amount requested will be granted. The Company may approve in full, approve a lower amount at its absolute discretion or even reject the application.
* The completed and signed form including all required supporting documents must be submitted by e-mail to: email address.
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| **1. Applicant Information** |
| Full name of the Organization |  |
| Address  (Street, Postal code, City) |  |
| Tax ID / UID number (CHE-xxx.xxx.xxx) |  |
| Website |  |
| Contact person submitting the request Full namePosition within organisationTelephone numberAddress (if different from above) |  |
| Head of organisation Full namePosition within organization |  |

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| **2. Educational Event Details**  |
| Title |  |
| Start date (dd/mm/yyyy)End date (dd/mm/yyyy) |  |
| Location  (Postal code, City) |  |
| Venue  (Street, Name, Website) |  |
| Objective of the Educational Event:  *please provide a detailed description of*  *scope, purpose and anticipated outcome*  *of the programme.* Required: **most up-to-date program** (please attach separate file) |  |
| Therapeutic or diagnostic areas |  |
| Targeted audience for the Educational Event *(please tick the box)* | ☐ Local☐ National☐ International |
| Has the Educational Event been submitted in EthicalMedtech Conference Vetting System?*Note: Submission is mandatory for international events*  | ☐ YES☐ NO |
| If “YES”, please indicate the reason | ☐ YES, the Event is compliant☐ YES, the assessment is still pending |
| If “NO”, please indicate the reason (See scope at:<http://www.ethicalmedtech.eu/conference-vetting-system/eligibility-scope/>) | ☐ The Event does not require approval of the Conference Vetting System as it does not fall under its scope.☐ Other (please specify here below) |

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| **3. Grant Request Details**  |
| Type of Grant *(please tick the box)* | ☐ **A**: Support for HCPs participation at Third Party Organised Educational Event (the “Educational Event”)☐ **B**: Support for the Educational Event itself |
| In case of Type APlease describe the application procedure and criteria based on which the beneficiaries of the grant will be selected |  |
| In case of Type APlease provide the name and/or position of the person who is responsible to select the HCPs to attend the Educational Events |  |
| In case of Type APlease provide a detailed description on how the grant will be used. E.g. number of HCPs to be supported, average amount proposed per HCP for travel and accommodation, average amount proposed per HCP for registration fees etc.)  |  |
| In case of Type BRequired: **overview of the budget**  |  |
| *Note:* *Generally, the grant must only cover the costs related to the organisation of the Educational Event (e.g. the rent of the premises where the event is taking place) or the costs of registration, travel and accommodation of participating HCPs. The grant will not be provided to cover the costs linked to the organisation of leisure/entertainment activities or for the invitation of spouses/partners of HCPs. In addition, no funding will be provided to cover ordinary operating and/or running costs of the organisation and other budget items not directly linked to the education.* |
| Amount of funding requested from the Company (in CHF) |  |
| Amount of external funding requested in total (in CHF) |  |
| Percentage of overall budget sought from the Company |  |
| Bank account details *(This must be an account in the name of the body making the application and not an individual)*  | Bank name: Bank country: Account holder:IBAN number:BIC or SWIFT Code: |

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| **Supporting Documents** |
| Please attach the following supporting documents to this form:* A copy of most up-to-date draft program, agenda or communication material related to the Educational Event
* A draft budget laying out how the funds will be spent
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I declare that:

This form was completed on behalf of the requesting organization.

The information provided in this form and supporting documents is true and accurate.

The grant request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of any of the Company’s products or services.

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

**Signature**

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