# Nuffield Oxford Hospitals Fund: Application for Funding

This form must be completed and uploaded to your [online NOHF application form](https://www.medsci.ox.ac.uk/forms/nuffield-oxford-hospitals-fund-application-form) prior to application submission.

Signatures are required from the applicant, the Finance Office (who will raise Purchase Orders and issue an invoice to the NOHF claiming the grant following completion), where appropriate the Lead Clinician, and the Head of the appropriate University Department.

Please note that if this form is not completed fully, the form will be returned to the applicant to arrange for completion.

## **Applicant to complete**

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |

## **Finance Office to complete**

|  |  |
| --- | --- |
| Can the maintenance costs be covered? |  |
| Can any other revenue costs associated with this application be covered? |  |
| Signature of Finance Officer |  |
| Name |  |
| Email address |  |
| Date |  |

## **Lead Clinician to complete, where appropriate**

|  |  |
| --- | --- |
| Please provide your comments on this application in the space provided  |  |
| Signature of Lead Clinician |  |
| Name & post held |  |
| Date |  |

## **Head of University Department to complete**

|  |  |
| --- | --- |
| Please confirm that the equipment, project or building requested is needed in the interests of the Medical School. |  |
| Please indicate the priority which you would give this (low or medium or high). |  |
| Signature of Head of University Department |  |
| Name  |  |
| University of Oxford Department |  |
| Date |  |