**Application for a Grant, Donation or Charitable Contribution from AbbVie UK**

Projects **NOT** considered for funding via this process include:

* Clinical research, including Investigator Initiated Studies ([click here for Investigator-Initiated Studies](https://www.abbvie.com/partnerships/additional-collaboration-opportunities/investigator-initiated-studies-iis.html))
* Grants to individual healthcare professionals or commercial businesses.
* Healthcare Professionals individual training or development opportunities
* Travel grants to Healthcare Professionals to attend scientific conferences (NOTE - these need to be requested through your AbbVie Representative)
* Religious programmes.
* Political party sponsorship.
* Social events (eg:  Charity Balls, Student graduation celebrations).
* Gap year sponsorship or electives.
* Charity fundraising outside of the UK (eg: Climbing Mount Everest).
* Activities that occurred in the past.
* Grants to Healthcare Organisations exclusively linked to the use of AbbVie products.
* Charitable donations exclusively linked to the use of AbbVie products (NOTE – this should be discussed through the relevant AbbVie Patient Relations Representative).
* Application forms completed with the input or influence of an AbbVie employee.
* Funding of start-up or operating costs of entities (i.e., resources used by an organisation to exist such as payment of rent for the office space, staff salary, or cost of electricity).

**Organisation**

Name of Organisation: Click or tap here to enter text.

Briefly describe the nature of your Organisation:

Click or tap here to enter text.

Name of individual submitting request (PRINT NAME): Click or tap here to enter text.

Role: Click or tap here to enter text.

Address: Click or tap here to enter text.

Town/City (include postcode): Click or tap here to enter text.

Telephone no: Click or tap here to enter text. Email: Click or tap here to enter text.

Signature**\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: Click or tap to enter a date.

\* Signature of representative from the Organisation. This person should be a representative who is permitted to submit this request on behalf of the organisation requesting funding and should be prepared to respond to questions from and provide additional information from AbbVie Ltd. **For healthcare organisations this individual must be a Health Care Professional.**

**Grant/Donation Details**

Total Amount Requested in (£): Click or tap here to enter text.

Please describe your funding request:

Click or tap here to enter text.

Please explain why the funding is needed.

Click or tap here to enter text.

**Healthcare Organisations\* only:** Please describe how the funding will either advance medical education, science, or contribute to improvements in the quality of healthcare/patient care.

Click or tap here to enter text.

Are you planning to request, or have you received commitment for support from other companies or organisations?

[ ]  Yes [ ]  No

Please confirm that, if provided, funds will not result in any personal benefit or financial gain to you or any individual.

[ ]  Yes, I confirm

Please confirm that this application request was **completed independently** without any input or influence from an AbbVie Employee?

[ ] Yes – I have completed this form **independently** without any input or influence from an AbbVie employee

[ ] No – (please explain below)

Click or tap here to enter text.

**Required Supporting Documentation**

Please attach supporting documentation to support anticipated costs associated with this grant application form and a detailed breakdown of budget costs.

If relevant, please confirm how the Healthcare Organisation will plan to provide for funds in future.

Click or tap here to enter text.

**Financial Declaration**

Please note that in accordance with the requirements of the ABPI Code of Practice for the Pharmaceutical Industry, AbbVie Ltd are required to publicly disclose details of grants/donations to healthcare organisations (including the financial amount/value, and your healthcare organisation name as the recipient)

\***Healthcare Organisations** are defined as healthcare, medical or scientific associations or organisations such as hospitals, clinics, foundations, universities or other teaching institutions or learned societies whose business address, place of incorporation or primary place of operation is in the UK or through which one or more Health Care Professional or relevant decision makers provide services.