Grant Request Application Form:

Educational Grant – Third Party Organised Educational Events

The Company adheres to the MedTech Europe Code of Ethical Business Practice which sets strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs), including support to independent medical education via grants. For more information about the MedTech Europe Code of Ethics: http://www.medtecheurope.org/industry-themes/topic/93

Instructions – Please read before completing the form
• Grant applications must be submitted at least x days prior to the first event/activity taking place with all supporting documentation attached. Any application not complying with this timelines will be rejected.   • Please note there is no guarantee that all of the amount requested will be granted. The Company may reject, approve in full or approve a lower amount at its absolute discretion.   • The completed and signed form including all required supporting documents must be submitted by e-mail to: email address.

1. Applicant Information	
Full name	
Operational structure/Legal status	
Tax ID	
Address	
Mission of organisation (please provide a description of the organisation's educational/scientific mission, field of activity, notable projects/co operations)	
Website	
Head of organisation	Full name: Position within organisation:
Contact person submitting the request	Full name: Position within organisation: Telephone number: Address:
2. Grant Request Details	
Type of Grant *(please tick the box)*	☐ Support for HCPs Participation at Third Party Organised Educational Event (the "Educational Event") ☐ Support for the Educational Event
Therapeutic or diagnostic areas	
Country(s) for which the grant is intended	
Please 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 flights (in EUR), average amount proposed per HCP for registration fees (in EUR) etc.) • Required supporting documentation: an 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 EUR)	
Amount of external funding requested in total (in EUR)	
Percentage of overall budget sought from the Company	
Details of personnel responsible for financial controls over grant funds (e.g. applicant's financial department, independent auditors etc.)	
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:
3. Educational Event Details	
Title	
Dates	Start date (dd/mm/yyyy): End date (dd/mm/yyyy):
Location	City: State: Country:
Venue	Name: Address: Website:
Objective of the Educational Event: please provide a detailed description of scope, purpose and anticipated outcome of the programme. • Required supporting documentation: most up-to-date program	
Targeted audience by the Educational Event *(please tick the box)*	☐ Local ☐ National ☐ International
Has the Educational Event been submitted in EthicalMedtech Conference Vetting System? *Note:* *More information on the system is available at* *http://www.ethicalmedtech.eu/*	☐ 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	☐ The Event does not require approval of the Conference Vetting System as it does not fall under its scope (See scope at: http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase) ☐ Other (please specify)...

4. HCPs Participation at the Educational Events	
Please describe the application procedure and criteria based on which the beneficiaries of the grant will be selected	
Please provide the name and/or position of the person who is responsible to select the HCPs to attend the Educational Events	

5. Previous Grant Support	
Has your organisation already applied for or received funding from the Company before?	☐ YES ☐ NO
If "YES", please indicate the amount, date and purpose of the requested/awarded grant?	

6. Remarks

7. Supporting Documents
Please attach the following supporting documents to this form: • A copy of most up-to-date draft programme, agenda or communication material related to the Educational Event • A draft budget laying out how the funds will be spent

I declare that:

This form was completed on behalf of the requesting organisation;
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 the Company's products or services.

Date

_____

Name

_____

Position

_____

Signature

_____