HCO Grant Application Form

This Healthcare Organization (HCO) Grant Application Form can be used by Qualifying HCOs to submit a request for a Grant to support attendance of Healthcare Professionals (HCPs) at a national or international scientific congress to enable HCP education that has a meaningful and positive impact on patient care. Astellas maintains a strict policy of not soliciting grants and does not provide grants for the purpose of inducing or rewarding prescriptions of Astellas products.

All data collected in this form has the sole and exclusive purpose of requesting educational support from Astellas. The data will not be shared with third parties and will only be stored for this specific purpose.

1. GRANT REQUESTOR DETAILS

Requesting Organization Details	
HCO Name:	
Address:	
Email address:	Website:
Can you confirm that your organization is one of the following? **1. Government or Public Hospital** Government Funded Teaching, Specialist or General Hospital **OR** **2. Private Hospital** Please note – we may not support requests from Private Hospitals – depending on your country/region. **OR** **3. Medical Societies or Associations** Nationally recognized with its own professional administration and formal governance structure in place. For example, Royal Colleges, Therapy Area Specific Societies, Institutions, Associations, Faculties and Fellowships with a formal governance structure in place 4. **Other (**E.g., University, Research Group)	☐ I confirm my organizations is (please tick which one applies): ☐ 1. Government/Public Hospital ☐ 2. Private Hospital ☐ 3. Medical Society/Association ☐ 4. Other – please describe:
Can you confirm that your organization is **NOT** one of the following? • Health Centre/General Practice • Non-nationally recognized and/or HCP Owned/Run Associations and Professional Groups	☐ I confirm my organization is **NOT** one of these groups
Has your organization, or any of its officers or directors, been charged with, or convicted of, any matter relating to bribery, corruption, fraud, or money laundering in the past five (5) years	☐ I confirm my organization has NOT been charged with, or convicted of, any of the matters listed

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Requesting Organization Details	
Can you confirm that the funds will go into a central bank account subject to internal audit governance/process applied by the organization in line with local tax requirements?	☐ I confirm

Hospitals: Please confirm the size of your organization – how many healthcare professionals (HCPs) are employed at your hospital. Please select one option:

- ☐ <50
- ☐ 50 – 100
- ☐ 101 – 250
- ☐ >251 – 500
- ☐ >500
- ☐ Not applicable - organization is not a Hospital

Medical Societies or Associations: Please confirm the following:

- ☐ Your Society/Association has national (or wider) coverage
- ☐ Your Society/Association has more than 100 active members
- ☐ Your Society/Association has a Secretariat or similar person to oversee its membership/activities
- ☐ Your Society/Association holds meetings for its members each year
- ☐ Your Society/Association is not set up for the primary or sole purpose of receiving/ disbursing medical education grants
- ☐ Not applicable - organization is not a Medical Society or Association

Comments:

What medical educational topics will this grant cover?	☐ Oncology ☐ Haematology ☐ Nephrology ☐ Urology ☐ Immunology (including transplantation) ☐ Women's Health
Can you confirm that the HCO has capacity to organize and execute the logistical requirements of this requests via your own administrative staff or a third party?	☐ I confirm the organization has the required logistics capacity

About Your Organization: (Please include a brief description of your organization and why you believe it is a good candidate for a Medical Educational Grant in the space provided below):

2. DETAILS OF EVENT

Which event are you requesting Support for HCPs to attend?	
Event Date and Location:	
Agenda/Details of Event:	Please provide or attach agenda/details.
Conference Vetting System (CVS) – e4ethics: Has the event received a positive assessment on e4ethics? This is required for Astellas to consider support for an applicable event. https://www.ethicalmedtech.eu/conference-vetting-system/objective/ NOTE: This assessment is required for major international meetings taking place in countries within scope of the EFPIA Code and expected to attract a total of at least 500 participants attending from more than 5 countries. Congresses that are entirely virtual, with no in-person delegates, are out of scope.	☐ Yes ☐ No ☐ Not Applicable. Please explain why:
Event Accreditation Is this event accredited by a recognized accreditation body?	☐ I confirm the event is accredited. Please provide the details of the accredited provider:
Needs Assessment: What educational need or gap does this request support? Does the Medical Activity address an important scientific/medical need? Will the activity advance scientific knowledge or clinical practice?	Please provide details:
Educational Outcomes: How will educational outcomes be measured? How will change in HCP knowledge be measured? How will impact on patient care be measured? How will knowledge be shared?	Please provide details:

3. DETAILS OF GRANT REQUEST

<table>
<tr><td>Grant support required by date:</td><td></td></tr>
<tr><td>Number of HCPs you intend to support:
(maximum 10)</td><td></td></tr>
<tr><td>Description of support requested:</td><td></td></tr>
<tr><td>Cost Breakdown for Grant:
Provide a cost breakdown of the items that the grant funding will be put towards</td><td>
<table>
<tr><th>Item</th><th>Number of HCPs
Note: Maximum = 10</th><th>Cost</th></tr>
<tr><td>Registration</td><td></td><td></td></tr>
<tr><td>Travel (e.g., Flight)</td><td></td><td></td></tr>
<tr><td>Accommodation</td><td></td><td></td></tr>
<tr><td></td><td></td><td>Total*:</td></tr>
</table>
*Total amount intended to cover the above. The requested amount will be first analyzed by Astellas. If approved, we do not guarantee that the amount requested here will be fully granted
</td></tr>
<tr><td>Have you requested support from other sources?</td><td>If Yes, please provide details:</td></tr>
<tr><td>Details of how support will enhance/maintain patient care</td><td>This section should contain information on:
What educational need or gap does this request support? How will this proposal fill that need? How will patients be positively impacted by this support?</td></tr>
<tr><td>Statement of Responsibility</td><td>I declare for all legal purposes that the information provided is true and I am responsible for its authenticity and veracity.

Name:
Title:
Date:</td></tr>
</table>