**GORE Grants Office**

**Grant Application Form**

**Educational Grant – Third Party Organised Educational Events**

GORE 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/122>

|  |
| --- |
| **Instructions – Please read before completing the form**   * Grant applications must be submitted at least **60 days** prior to the first event/activity taking place with all supporting documentation attached. Any event/activity not complying with this timeline will be rejected. * Applications ideally should cover the period of 1st April to 31st March. * Please note there is no guarantee that all of the amount requested will be granted. The Committee may reject, approve in full or approve a lower amount at its absolute discretion. * All grant applications have to be submitted and will be awarded in Euros. * The completed and signed form including all required supporting documents must be submitted by e-mail to: [mpd\_emea\_grants@wlgore.com](mailto:mpd_emea_grants@wlgore.com). * Please complete the form either electronically or using block capitals only. Please complete the form in English whenever possible. * Please do not disclose names of individual Health Care Professionals on the application or in your communications to GORE, as this will lead to a rejection from the Committee.   If GORE requires detailed information for transparency or other requirements – depending on the country of origin of the Health Care Professional – you will be requested to provide these once the grant has been reviewed and approved by the GORE Grant Committee. |

**For further assistance please contact the GORE Grants Office**

E-mail mpd\_emea\_grants@wlgore.com

BeNeLux + 31 (0)13 507 47 13  
France + 33 (0)1 56 95 64 84

Germany / Austria + 49 (0)89 4612 2490  
Iberia + 34 934 806 935

Italy + 39 (0)45 620 93 75  
Scandinavia + 46 31 706 78 30  
UK / EEMEA + 44 (0)150 667 8021

**Part I – Benefitting Organisation Information**

|  |  |
| --- | --- |
| Name of the Benefitting Organisation applying for grant funding | |
|  | |
| Address | |
|  | |
| Tax ID | |
|  | |
| Company registration number (Belgium “KBO” / Netherlands “KvK” / etc.) | |
|  | |
| Please tick the box that best describes your organisation | |
| Institutions (e.g. Hospital, Clinic, Pharmacy)  Congress Organiser  Medical Societies / Associations **(\*)**  Medical Education Providers (e.g. CME Registered Body, Foundation) **(\*)**  Other **(\*)**  **(\*)** Please provide (1) a signed and dated copy of the current founding statutes and (2) proof of legal set up (e.g. Registration document) | |
| Contact person submitting the request - This person should be a representative who is authorised to submit this Grant request and should be prepared to respond to questions from GORE. | |
| Full name |  |
| Position within the organisation |  |
| Telephone number |  |
| E-mail address |  |
| Person authorised to sign the grant agreement between GORE and the Benefitting Organisation | |
| Full name |  |
| Position within the organisation |  |

**Part II – Third Party Agent Information (If submitting on behalf of Benefitting Organisation)**

|  |  |
| --- | --- |
| Name of the Agency |  |
| Address |  |
| Tax ID |  |
| Contact person – full name |  |
| Contact person – e-mail address |  |
| Contact person – phone number |  |
| Full name of person authorised to sign tri-partite grant agreement between Benefitting Organisation, Agency & GORE |  |

**Part III – Grant Request Details**

Select what is relevant to the application:

* Applying for funding to allow HCPs from Benefitting Organisation to attend congress 🡪 complete **ANNEX 1.**
* Applying for funding to organise educational event(s) 🡪 complete **ANNEX 2**.
* Applying as a Professional Congress Organiser (PCO) 🡪 complete **ANNEX 3**.

The Annex(es) constitute an integral part of this Application.

**Part IV – Grant Payment Details**

|  |
| --- |
| Name of Bank |
|  |
| Name of the accountholder |
|  |
| IBAN Number |
|  |
| BIC or SWIFT Code |
|  |
| Payment reference (if applicable) |
|  |

I declare that:

* This form was completed on behalf of the Benefitting Organisation;
* The information provided in this form and supporting documents is true and accurate;
* The bank account details provided are those of the Benefitting Organisation or the Third Party Agent submitting on behalf of the Benefitting Organisation;
* All expenditures in this application are in line with the MedTech Europe Code of Ethical Business Practice;
* 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 GORE’s products or services.

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

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNEX 1 - Applying for funding to allow HCPs from Benefitting Organisation to attend congress**

|  |  |  |
| --- | --- | --- |
| GORE operates primarily in the following therapeutic areas :   1. General Surgery (Bariatric Surgery, Hernia, Colorectal Surgery, Thoracic Surgery and Gastroenterology) 2. Structural Heart (Adult & Paediatric) 3. Cardiovascular 4. Nephrology 5. Portal Hypertension   In respect of the application, how many physicians in total (including fellows, consultants, registrars and chiefs) are eligible to receive support for the events listed in this grant application? Please note it is the total number of HCPs who **may** receive support, not the number who **will** receive support that we require. GORE allocates funding based on educational needs per therapeutic area. You should only insert a number for the therapeutic area of the events you are applying for.  Please specify the different departments (e.g. Vascular Surgery, Interventional Radiology, etc.) if applicable. | | |
| **Therapeutic area** | **Nº of physicians** | **Department(s)** |
| 1. General Surgery |  |  |
| 1. Structural Heart |  |  |
| 1. Cardiovascular |  |  |
| 1. Nephrology |  |  |
| 1. Portal Hypertension |  |  |
| Please provide the name and position of the person responsible to select the HCPs to attend the events | | |
|  | | |
| Please describe the application procedure and criteria based on which the beneficiaries of the grant will be selected | | |
|  | | |

Preference will be given to congresses which form part of our strategic focus and are on our approved events list (available upon request at [mpd\_emea\_grants@wlgore.com](mailto:mpd_emea_grants@wlgore.com).)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event name** | **Event dates** | **Number of HCPs to be supported** | **Average amount proposed per HCP** | | **Total per event** |
|  |  |  | € | | € |
|  |  |  | € | | € |
|  |  |  | € | | € |
|  |  |  | € | | € |
|  |  |  | € | | € |
| **Total ANNEX 1** | | | | **€** | |

Educational grants will only cover main form of transport (train, plane), hotel and registration and will not include transfers nor meals.

GORE does not normally cover overhead fees. If required by your organisation, please provide a cost breakdown detailing amounts per concept, which will be reviewed by the Committee.

**ANNEX 2 - Applying for funding to organise educational event(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event name** | **Event dates** | **Venue** | **Amount requested to GORE** |
|  |  |  | € |
|  |  |  | € |
|  |  |  | € |
| **Total ANNEX 2** | | | **€** |

Please provide:

* The most up-to-date (or link to) programme;
* A budget detailing all proposed income and expenditure (*Example below)*;
* Target audience of the event:  Local  National  International
* Objective of the event: description of the scope, purpose and anticipated outcome:

Are you requesting grant funding for your educational event(s) from other companies?

YES:

* Please indicate the estimated number of other industry sources:
* Please indicate the amount of external funding requested in total (including GORE):  **.-€**

NO, GORE would be sole supporter of the entire educational event.

Are you providing marketing opportunities to Industry?  YES  NO

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provisional Budget Please adapt accordingly** | | | |  | **Expenses** | **Nº** | **Amount** | **Total** |
| **Name of event** |  | | | **Room rental** |  | € | € |
| **Duration** |  | | | **AV Material** |  | € | € |
| **Nº of participants** |  | | | **Lunch** |  | € | € |
|  | | | | **Diner** |  | € | € |
| **Income** | **Nº** | **Amount** | **Total** | **Transport** |  | € | € |
| **Registration fees** |  | € | € | **Accommodation** |  | € | € |
| **Sponsor 1 (GORE)** |  | € | € | **Honorarium Faculty** |  | € | € |
| **Sponsor 2** |  | € | € | **Mailing** |  | € | € |
| **Sponsor 3** |  | € | € | **Brochures** |  | € | € |
| **Other Please specify** |  | € | € | **Other Please specify** |  | € | € |
|  | € | € |  | € | € |

**ANNEX 3 - Applying as a Professional Congress Organiser (PCO)**

|  |  |
| --- | --- |
| **Event name, dates, venue & (link to) programme** | |
|  | |
| **Conference Vetting System Approval (MedTech and/or local)** | |
| CVS (for cross border events) or local (for national events) approval : *Status of the event* | Approved  Submitted, pending resolution  Not submitted yet  Not applicable |

|  |  |
| --- | --- |
| **Total ANNEX 3 for HCP attendance** | **€** |
| **Total ANNEX 3 for Faculty** | **€** |
| **Total ANNEX 3** | **€** |

Please provide in a separate file the following information with corresponding amounts (*Template available upon request*):

* Number of HCPs
* Specialty (*eg. Vascular Surgeon*)
* Country of practice
* Registration
* Accommodation (*Nº of nights and rate per night*)
* Travel (*Type and amount*)
* Handling fee (*Please provide a cost breakdown detailing amounts per concept*)
* Honorarium (*Faculty only*)

Educational grants will not include transfers nor meals.

If you are applying for a **Faculty Grant** please provide the below information

|  |  |  |
| --- | --- | --- |
| **Faculty (\*) Grant – General information** | | |
| *(\*) Definition of faculty as per MedTech Code*  *Faculty means a podium speaker, moderator and/or chair, who presents during a Third Party Organised Educational Event. Poster- and abstract-presenters are not considered to be Faculty.* | | |
|  | Approx. number of faculty members | Approx. total cost to support faculty |
| How many faculty are you planning to have in total? |  | € |
| For how many faculty are you planning to seek support from Industry? |  | € |
| For how many faculty are you seeking support from GORE? |  | € |