**Fundraising Registration Form**

Thank you for choosing to fundraise in aid of Our Bolton NHS Charity.

Please ensure you read the fundraising section of our website and complete this registration form before your fundraising event takes place.

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| **Your Details** | |
| **Title** |  |
| **First name** |  |
| **Surname** |  |

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| **Telephone number** |  |
| **Email address** |  |
| **Please note we require this information so that we can stay in touch with you during and after your event** | |

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| **Event Details** | | | | | |
| **Event Date** | |  | **Event Time** | |  |
| **Event Details** | |  | | | |
| **Fundraising Target\*** | | **£** | | | |
|  | | | | | |
| **Fund/appeal to benefit from this donation** | | | | | |
| **Without imposing any trust, I would like my fundraising to benefit:** | | | | | |
| **General Purpose Fund** | | | | | |
| **Appeal / Campaign (specify below)** | | | | | |
| **The Small Things** | | | | | |
| **Specialty Fund (specify below)**  **(If you can’t find a fund that fits, please contact** [**charity@boltonft.nhs.uk**](mailto:charity@boltonft.nhs.uk)**)** | | | | | |
| **A & E**  **Acute Medicine**  **Bereavement Services**  **Breast Services**  **Cancer Services**  **Cardiology**  **Chaplaincy (inc. Baby Memorial Garden)**  **Critical Care**  **Dementia Fund**  **Dermatology**  **Diabetes & Endocrinology** | **Elderly Medicine**  **Endoscopy**  **ENT, Audiology & Oral Surgery**  **Gastroenterology**  **General Surgery**  **Haematology**  **Musculoskeletal (MSK)**  **Neonatal & Maternity Bereavement**  **Neonatal & Paediatric Services**  **Obstetrics & Gynaecology**  **Ophthalmology** | | | **Palliative Care (Non-Cancer)**  **Parent Education**  **Pharmacy**  **Radiology**  **Respiratory Medicine**  **Rheumatology**  **Sexual Health Services**  **Staff Wellbeing & Development**  **Stroke**  **Theatres & Anaesthetics**  **Therapies**  **Urology** | |

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| **Reason for supporting Our Bolton NHS Charity** | |
| Current staff member at Bolton NHS FT  Volunteer  Member  Received treatment or care at Bolton NHS FT  Family or friend received treatment of care at Bolton NHS FT | Saw an appeal on website/social media  In memory of a loved one (or friend)  Want to make a difference at Bolton  Other (specify below) |
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| **Declaration** | | | |
| By signing this declaration you agree to:   * Only use lawful means to fundraise for the charity and will not do anything that may jeopardise the charity or Bolton NHS Foundation Trust’s reputation. * Obtain the correct permissions and licences required for your fundraising activity. * Any information, images or videos provided during your fundraising being used for promotional purposes of the charity on social media, websites and promotional leaflets or reports. * Use JustGiving as your online fundraising platform **(we do not accept the use for crowdfunding platforms)** * Accept responsibility for the safekeeping of all money raised through your fundraising in aid of Our Bolton NHS Charity * **Transfer funds within one month of the fundraising event.** * Accept that neither Our Bolton NHS Charity nor any person or corporate body connected with it, will be responsible for any expenses, injury or loss suffered by you or any third party, during or as a result of the fundraising | | | |
| **Signature** |  | **Date** |  |

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| **Communications** |
| If we need to contact you specifically about your fundraising activity or to update the personal data we store about you, we will use the contact details you have provided on this form.  We would like to keep in touch with you and share our latest news and opportunities to support us in the future; however, we only contact supporters who have given us their specific permission to do so.  Please confirm your preferences below:  Yes I would like to hear from you  No I would not like to hear from you |

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| If you would like to receive regular communications about the work of the charity and fundraising opportunities, please tick your preferred contact methods below: | |
| **Mail** | **Home address:** |
| **Email** | **Email address:** |
| **Telephone** | **Telephone number:** |

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| We promise to keep your details safe and never sell or swap them with anyone, and our [privacy policy](https://www.boltonft.nhs.uk/access-to-information/data-protection/how-we-use-and-protect-your-personal-information-for-patients/) explains how we will keep this promise in compliance with GDPR legislation.  If you don't want to hear from us, or change your mind about how we contact you, email us at [charity@boltonft.nhs.uk](mailto:charity@boltonft.nhs.uk) |

\* When making a payment by BACS, please email us at [charity@boltonft.nhs.uk](mailto:charity@boltonft.nhs.uk) for our charity bank account details

Please send a covering letter including contact details and the chosen specialty fund along with a cheque made payable to Our Bolton NHS Charity to:

Our Bolton NHS Charity

c/o Finance Department

Dowling House, Royal Bolton Hospital

Minerva Road, Farnworth, Bolton, BL4 0JR

**For further information on how to send in your donation please refer to the accompanying How To Send In Your Money Form.**