



Charity Box Request Form

Thank you for requesting Charity Box/es to raise funds for the South Western Ambulance Charity. Please note all request forms must be fully completed and correct before submitting to **charitybox@swast.nhs.uk**.

Once forms are sent they will be logged and you'll receive a confirmation letter. By completing and submitting this form you will be assigned as the Nominated Person for this event. Please read the Charity Box Management Procedure to ensure you understand your roles and responsibilities as a Nominated Person.

Please ensure requests are sent with a minimum of four weeks' notice of the fundraising activity.

Personal Details

Name

Job title

Phone

Email

Activity Details

Type of activity

Event

Static Collection (i.e. in a shop, café etc..)

Activity Name

Address



Additional Details

Would you like a charity bucket or a tin? Bucket Tin

How many do you require? Bucket Tin

If both please specify how many of each

When would you like to collect the Charity Box/es from Exeter HQ?

What date do you agree to return the Charity Box/es to Exeter HQ?

Are you? Staff Volunteer (CFR/Governor)

Charity Box Management Procedure

By ticking this box you confirm that you have fully read and understood the roles and responsibilities of the Nominated Person, in the Charity Box Management Procedure and that you will ensure the safe return of the Charity box/es on the date you have entered above

Print Name

Key responsibilities of a nominated person

- Please make sure you have read and understand the [Charity Box Management Procedure](#);
- Whilst the Charity box/es are in your care, you must ensure that they are safe and secure;
- At the end of the fundraising activity the Charity box/es must be stored in a safe and secure location;
- Please do not break the seal of the Charity box/es or attempt to count the money collected. This function will be carried out by the Finance Directorate at Trust Headquarters (Exeter);
- As soon as practicable following the fundraising event please arrange the safe and secure return of the Charity box/es to the Finance Directorate at Trust Headquarters (Exeter);
- Charity box/es must be returned to an individual and not left unattended. Please keep a record of who you returned the Box/es to.

Contact Details

If you would like to contact the team with any questions please use the contacts below

Email charitybox@swast.nhs.uk

Telephone 0300 3690108

SUBMIT FORM

The South Western Ambulance Service Charity is a registered charity in England and Wales(1049230).

Please read the following and confirm your approval by signing below:

I confirm my approval for a South Western Ambulance Charity static collecting tin to be placed at my premises (details below) for a given period of time. If the tin becomes full and needs to be emptied prior to the visit, I am happy to contact the Nominated Person direct to make the necessary arrangements. I understand I will contact the Nominated Person should this agreement change at any time or if I require the tin to be removed. I also confirm that should I believe the tin to have been tampered with in any way, that I will inform the Nominated Person, who will then inform the local police and South Western Ambulance Charity of this.

VENUE NAME: _____

TIN NO.: _____

CONTACT NAME: _____

TEL NO. _____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

**NOMINATED PERSON: PLEASE EMAIL A COPY OF THIS SIGNED DOCUMENT TO
CHARITYBOX@SWAST.NHS.UK**