

Instructions

- Please submit your proposal in English, by e-mail to the relevant Regional Business Ethics Officer/Manager:
 - Americas edgrantsamericas@molnlycke.com
 - APAC edgrantsapac@molnlycke.com
 - Europe edgrantseurope@molnlycke.com
 - MEA edgrantsmea@molnlycke.com
 - Other edgrants@molnlycke.com
- Please note there is no guarantee that all of the amount requested will be granted. Mölnlycke may reject, approve in full or approve a lower any amounts at its absolute discretion.
- The completed and signed form including all required supporting documents must be submitted.
- You will receive an automatic reply message, as a confirmation that we have received your request.

Applicant information

Contact person submitting the request	Full name: Position: E-mail: Telephone:
Name of applicant organisation	
Operational/legal status	
Tax ID	
Address	
Head of applicant organisation	Full name: Position:
Mission of organisation <i>(i.e. the organisation's educational or scientific mission, field of activity, notable projects and co-operations)</i>	
Website	
Educational grant request details	
Type of educational grant	<input type="checkbox"/> Support for a healthcare professional's participation in the educational event <input type="checkbox"/> Support for the educational event <input type="checkbox"/> Other:
Relevant therapeutic or diagnostic areas	
Country(s) for which the grant is intended	

Area in which the above country(s) is located	<input type="checkbox"/> Americas <input type="checkbox"/> APAC <input type="checkbox"/> Europe <input type="checkbox"/> MEA <input type="checkbox"/> Other:
A detailed description on how the grant will be used <i>(e.g. number of healthcare professionals, amount per healthcare professional for flights, average amount per healthcare professional for registration fees)</i>	
Amount of funding requested from Mölnlycke (in EUR)	
Amount of external funding requested in total (in EUR)	
Percentage of overall budget sought from Mölnlycke	
Details of personnel responsible for financial controls over grant funds <i>(e.g. applicant's financial department, independent auditors etc.)</i>	
Educational Event Details	
Title	
Dates	Start: _____ End: _____
Location	City and State: Country:
Venue	Name: Address: Website:
Objective of educational event <i>(please provide a detailed description of scope, purpose and anticipated outcome of the programme)</i>	
Targeted audience	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International
Has the educational event been submitted in Ethical MedTech Conference Vetting System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please choose an option	<input type="checkbox"/> YES, the Event is compliant <input type="checkbox"/> YES, the assessment is still pending
If "NO", please choose an option	<input type="checkbox"/> The event does not require approval of the Conference Vetting System as it does not fall under its scope <input type="checkbox"/> Other:

Healthcare professionals participation at the educational event	
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 person responsible of selecting the healthcare professionals to attend the educational event	
Previous grant support	
Has the applicant organisation already applied for funding from Mölnlycke or received funding from Mölnlycke before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If “YES”, please indicate the amount, date and purpose of the requested/awarded grant?	
Remarks (if any)	
Attachments:	
<input type="checkbox"/> A copy of most up-to-date draft programme, agenda or communication material related to the educational event. <input type="checkbox"/> A draft budget laying out how the funds will be spent. <input type="checkbox"/> Conference Vetting System approval (if applicable).	
<p>By signing in this form, I declare that:</p> <ul style="list-style-type: none"> ▪ This form was completed on behalf of the applicant organisation; ▪ The information provided in this form and the attachments are true and accurate; and ▪ This 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 Mölnlycke’s products or services. 	
Date	
Name and title	
Signature	