



Fundraising Registration Form

Please fill in the following details as appropriate.

Full Name:.....

Date of birth.....

Address (inc. postcode).....

.....

Telephone Email.....

Nature of your fundraising event (type of event, date of event, location and any other information)

.....

.....

Are you a member of RWT Staff / Volunteer team? Yes No

If yes, do you intend to fundraise on one of RWT sites? If so, has your line manager approved your fundraising? Yes No

Line Manager's name..... Line Manager's signature.....

I would like to donate the proceeds of this event towards

Your support will help us to make a real difference to the lives of our patients, their families and the staff that care for them. From time to time, we would like to keep you updated with our news, activities and appeals. You are free to change your mind at any time. Details of our full privacy statement can be found at www.royalwolverhampton.nhs.uk/about-us/our-charity/

I would like to receive the following communications (please tick your preferred communication method)

	Email	Phone	Post
Fundraising Events			
Charity Newsletter			
Celebration Events			
Charity Annual Report & Accounts			
Unity Lottery			

I am participating in the above event of my own free will. I understand that The Royal Wolverhampton NHS Trust's indemnity / insurance does not cover me for this event. I have been strongly advised to make my own insurance arrangements as the Trust does not accept any responsibility for any injuries or losses sustained to myself or others during the course of this activity.

I understand that The RWT Charity will not be held liable for any outstanding costs either pre or post event and that as event organiser, I am responsible for collecting sponsorship or outstanding payments.

I understand that as event organiser I am responsible to ensure that all parties taking part in my event submit all sponsorship funds to The RWT Charity within four weeks of the date of the event. I understand that in the event that all sponsorship funds are NOT submitted, further action will be taken.

I will donate all of the proceeds from the above event to The Royal Wolverhampton NHS Trust Charity. Under no circumstances, will I divert any money raised in this name to any other organisation or individual, without the full knowledge and consent of The Royal Wolverhampton NHS Trust Charity.

I understand that if I am granted permission to fundraise in aid of a third party charity on any of the RWT hospital sites or community sites, I must ensure that a minimum of 50% of the proceeds raised must be donated to an RWT Charitable Fund of my choice.

Signed Date

Registration Number:..... Sponsor Form Numbers:..... Event Number:.....

