**IPSF Development Fund 2019-20**

**Membership Grant Application**

Please read the entire call carefully before completing the application form.

**Every section of this application form must be completed in order to be valid**. An application will only be considered if sections A, B, C, D, E, F, and G have been completed, and the declarations electronically signed by inserting the relevant name.

Please submit the document to the [link](https://forms.gle/zijD9BVkgoiCUeub9) with **word** by **January 15, 2020 at 23:59 GMT+0.** When submitting your application, please rename the file to specify the project grant and your association: **“Membership Grant - Insert Association Name”**.

**SECTION A.**

**APPLICANT ORGANISATION DETAILS**

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| **Member Organisation Details** |
| Full Name of Organisation |  |
| Abbreviation of Name |  |
| Full Address |  |
| Country |  |
| Telephone Number |  |
| Email |  |
| Website |  |
| **IPSF Contact Person Details** |
| Name |  |
| Country |  |
| Telephone Number |  |
| Email |  |
| **President Details** |
| Name |  |
| Country |  |
| Telephone Number |  |
| Email |  |
| **Number of Pharmacy Schools and Students** |
| Number of Pharmacy Schools in Member Country |  |
| Number of Pharmacy Students in Member Country |  |
| Number of Pharmacy Schools that Member Organisation represents |  |
| Number of Members of Member Organisation |  |

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| **Introduction**Provide a short introduction to your member organisation. (Max: 400 words)  |
|  |
| Word Count |  |

**SECTION B.**

**PAST ACTIVITIES OF MEMBER ORGANISATION**

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| **Pharmacy Education Activities**Please describe in detail any campaigns or projects that your member organisation has run in the 2018-19 year (Max: 400 words). |
|  |
| Word Count |  |

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| **Professional Development Activities**Please describe in detail any campaigns or projects that your member organisation has run in the 2018-19 year, such as Clinical Skills Events or Patient Counselling Events (Max: 400 words). |
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| **Public Health Activities**Please describe in detail any campaigns or projects that your member organisation has run in the 2018-19 year, such as World Diabetes Day, Tobacco Alert, or HIV/AIDS Awareness (Max: 400 words). |
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| **Student Exchange Programme Involvement**Please detail Student Exchange Programme activities during the 2018-19 year (Max: 400 words). |
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| Word Count |  |

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| **Other Activities**Please detail any other activities of interest to IPSF run during the 2018-19 year (Max: 400 words). |
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| Word Count |  |

**SECTION C.**

**PLANNED ACTIVITIES OF MEMBER ORGANISATION**

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| **Pharmacy Education Activities**Please describe in detail any campaigns or projects that your member organisation plans to run in the 2019-20 year, such as hosting an educational symposium or poster competition (Max: 400 words). |
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| Word Count |  |

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| **Professional Development Activities**Please describe in detail any campaigns or projects that your member organisation plans to run in the 2019-20 year, such as Clinical Skills Events or Patient Counselling Events (Max: 400 words). |
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| Word Count |  |

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| **Public Health Activities**Please describe in detail any campaigns or projects that your member organisation plans to run in the 2019-20 year, such as World Diabetes Day, Tobacco Alert, or HIV/AIDS Awareness (Max: 400 words). |
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| Word Count |  |
| **Student Exchange Programme**Please describe in detail planned Student Exchange Programme activities during the 2019-20 year (Max: 400 words). |
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| Word Count |  |

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| **Other Activities**Please detail any other activities of interest to IPSF planned for the 2019-20 year (Max: 400 words). |
|  |
| Word Count |  |

**SECTION D.**

**FINANCES OF MEMBER ORGANISATION**

**Budget for Year 2019-20:**

Please upload an electronic or scanned version of your Financial Budget in English for the year 2019-20 on the submission link with the name **Membership Grant - Insert Association Name\_Budget**.

**Most recent audited Balance Sheet:**

Please upload an electronic or scanned version of your Balance Sheet in English for the year 2019-20 on the submission link with the name **Membership Grant - Insert Association Name\_BalanceSheet**.

**SECTION E.**

**LETTER OF SUPPORT**

A support letterfrom a Dean or a Professor is not required, but is beneficial for the applicant. Please upload an electronic or scanned version on the submission link with the name **Membership Grant - Insert Association Name\_LetterSupport**.

**SECTION F.**

**SPONSORS**

Please fill out the following information for at least one of your potential sponsor(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsor Name** | **Date of Contact** | **Response Received and Date of Response** | **Sponsorship Value (Euros)** |
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**SECTION G.**

**SIGNATURES**

**By signing this application, you declare that**

1. **The information stated above is to the best of our knowledge, complete and accurate;**
2. **In the event of any changes in the information stated above, we will notify the Development Fund Coordinator (****df@ipsf.org)** **without delay in order to prevent the potential withdrawal of the grant (if the application is successful);**
3. **You have fully read and agree to the guidelines.**

**IPSF MEMBER ORGANISATION’S PRESIDENT**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Email  |  |

**IPSF CONTACT PERSON**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Email  |  |