



FUNDRAISING REGISTRATION FORM

Thank you so much for supporting University Hospitals Birmingham (UHB) Charity, which covers the Queen Elizabeth Hospital Birmingham Charity, Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity. The four hospital charities support patients, families and staff at their hospitals by providing 'added extras' that are over and above that which is provided by the NHS.

Please take a few minutes to complete this form and return it to the address below. This will help us to identify ways in which we can help to make your fundraising a great success.

PERSONAL DETAILS (Anything marked with * MUST be completed)

Your Name*:

Address*:

.....

.....Postcode*:.....

Telephone No: (day).....Mobile No*:

Email*: Date of Birth:.....

Social Media Handle:(e.g. Facebook, Twitter, LinkedIn)

.....

Which hospital charity are you supporting and why?

.....

.....

What is your main reason for taking part in this event?

- Personal Challenge
- In memory of someone
- I have a connection to the charity
- Other (please specify below)

.....

If you have a particular reason for taking part, would you be willing to share your story?

- Yes
- No

Where did you hear about us?

- | | | | |
|-----------------------------------|-----------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> website | <input type="checkbox"/> social media | <input type="checkbox"/> charity newsletter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> TV/radio | <input type="checkbox"/> leaflet/poster | <input type="checkbox"/> staff of UHB | <input type="checkbox"/> Other (please specify below) |

.....

MATERIALS

What materials do you require? Please indicate what you'll need, including quantities, in the table listed below.

Item	Quantity & Size Required
Collecting tins or buckets? (Normally one per event) (permit required to collect in public places)	
Donation envelopes	
Newsletter and/or leaflets	
Sponsorship forms	
T-shirt/running or cycling vest – size S, M, L or XL	

Please note – if you request a bucket/goblet, you must return the funds within three months of your fundraising ending, using the freepost envelope provided in your pack.

Are there any other ways in which we may be able to help you e.g. can we talk you through setting up an online sponsorship page, clarify if public collections are permitted, etc...?

.....
.....
.....
.....

YOUR EVENT OR PLANNED FUNDRAISING

Our fundraising is:(please tick appropriate)

- individual led fundraising (something you are organising yourself)
- fundraising through a company/business. Company name
- fundraising through social/community group. Group name
- an organised event I have signed up to (e.g. Birmingham Half Marathon)

Name of event:.....

University Hospitals Birmingham Charity – Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN
[0121 3714852](tel:01213714852) charities@uhb.nhs.uk hospitalcharity.org [X](#) [i](#) [f](#) @UHBCarity

Queen Elizabeth Hospital Birmingham Charity, Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity are all working names of University Hospitals Birmingham Charity which is a company limited by guarantee in England (N°10004003) and a charity registered in England and Wales (N°1165716). Registered Office: Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN.

Date of event/challenge: Time:.....

Venue:

Address:

.....

Postcode:

DECLARATION

I understand that I should seek medical advice from my general practitioner if I am in any doubt about my physical ability to take part in this event.

I acknowledge that I am undertaking this activity entirely at my own risk and that University Hospitals Birmingham Charity shall not be liable in any way for any injury or loss that might occur as a result of my participation.

I understand that University Hospitals Birmingham Charity will, in no way, be liable for any claim which may arise from this event.

I agree to pay all proceeds of the event to University Hospitals Birmingham Charity within 3 months of my fundraising ending.

My fundraising goal is £.....

Do you know if your employer operates Matched Giving, if so please let us know.

Signed.....

Date

Printed Name:

Parental/Guardian signature required (if under the age of 18)




DATA PROTECTION STATEMENT

University Hospitals Birmingham Charity will keep a record of your details on file regarding your fundraising.

In addition, we would like to be able to contact you with our newsletter as well as other information on events or areas of work we think may be of interest to you.

If you are happy for us to contact you with Charity updates, please tick one or both of the following boxes: [] email [] post.

Please return this form to:

University Hospitals Birmingham Charity – Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN
 0121 3714852  charities@uhb.nhs.uk  hospitalcharity.org   @UHBCarity

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Fundraising Office, University Hospitals Birmingham Charity, Fisher House, Queen Elizabeth Hospital, Birmingham, B15 2GN.

Thank you for agreeing to support your hospital charity. We hope you enjoy your fundraising activity. Please feel free to phone us at any point to seek help, encouragement, or ideas.

Telephone 0121 371 4852

Email charities@uhb.nhs.uk

Website hospitalcharity.org

University Hospitals Birmingham Charity – Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN
[0121 3714852](tel:01213714852) charities@uhb.nhs.uk hospitalcharity.org [X](#) [Instagram](#) [Facebook](#) @UHCharity

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