



## FUNDRAISING REGISTRATION FORM

Thank you very much for supporting Queen Elizabeth Hospital Birmingham Charity, also known as QEHB Charity. The Charity exists to support the patients at the Queen Elizabeth and Selly Oak hospitals, by providing extra equipment and facilities, and by funding medical research.

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

Organiser's Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone No: (day)..... (eve):.....

Mobile No: .....

Email: .....

Social Media:

(Facebook, Twitter, LinkedIn etc).....

.....

If this is a Company event please give the name of your company:

.....

Do you have any specific reason for supporting Queen Elizabeth Hospital Birmingham Charity?

.....

Where did you hear about us? .....

**Queen Elizabeth Hospital Birmingham Charity**

5th Floor, Nuffield House, Queen Elizabeth Hospital, Edgbaston, Birmingham, B15 2TH

Telephone: 0121 371 4852 Email: [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk) Website: [www.qehb.org](http://www.qehb.org)

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**YOUR EVENT OR PLANNED FUNDRAISING**

Date of event:..... Time: .....

Name of event:.....

Venue: .....

Address: .....

.....

Postcode: .....

Please give a short description of your planned event:

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

**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	
Stickers	
Newsletter	
Sponsorship Forms	
T-shirt – size S, M, L or XL	

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Are there any others 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?

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**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 Queen Elizabeth Hospital 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 Queen Elizabeth Hospital 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 Queen Elizabeth Hospital Birmingham Charity within 4 weeks of the event taking place.

I can confirm that my fundraising goal is £.....

Signed..... Date .....

Printed Name .....

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

.....

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## DATA PROTECTION STATEMENT

Queen Elizabeth Hospital Birmingham Charity will use your personal information to provide you with the information, services or products you have requested, for administration purposes and to further our charitable aims.

We may need to share your information with our service providers, associated organisations and agents for these purposes which in most cases mean sharing information with University Hospitals Birmingham NHS Foundation Trust.

We would like to keep you informed of our important work. Please tick this box if you would prefer **not** to receive information about the future activities of Queen Elizabeth Hospital Birmingham Charity.

### Please return this form to:

Fundraising Office  
Queen Elizabeth Hospital Birmingham Charity  
5<sup>th</sup> Floor Nuffield House  
Queen Elizabeth Hospital Birmingham  
Edgbaston  
Birmingham  
B15 2TH

**Thank you for agreeing to support Queen Elizabeth Hospital Birmingham 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](mailto:charities@uhb.nhs.uk)**

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