

### **Disclaimer**

This Grant Request Application Form (the "Form") has been prepared by the MedTech Europe Secretariat as a suggested guide only and should not be construed as legal advice for any particular facts or circumstances. Use of this Form or any parts thereof shall be at the sole discretion and risk of the user parties. MedTech Europe shall not be held liable for any loss or damage that may result from use of this Form or any parts thereof. MedTech Europe reserves the right to change or amend the Form or any parts thereof at any time without notice.

## Grant Request Application Form:

### Educational Grant – Third Party Organised Educational Events

Coloplast adheres to the MedTech Europe Code of Ethical Business Practice which sets strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs), including support to independent medical education via grants. For more information about the MedTech Europe Code of Ethics: <http://www.medtecheurope.org/industry-themes/topic/93>

#### **Instructions – Please read before completing the form**

- Grant applications must be submitted at least 60 days prior to the first event/activity taking place with all supporting documentation attached. However, we recommend the Grant Application be submitted 90 days prior to the first event/activity taking place. Any application not complying with this timeline will be rejected.
- Please note there is no guarantee that all of the amount requested will be granted. Coloplast may reject, approve in full or approve a lower amount at its absolute discretion.
- The completed form including all required supporting documents, must be submitted by e-mail to the email address mentioned on the website.

<b>1. Applicant Information</b>	
Full name	
Operational structure/Legal status (e.g. Corp, GmbH, A/S, Ltd., etc.)	
Tax ID	
Address	
City of registration	
Country of principal activity	
Mission of organisation (please provide a description of the organisation's educational/scientific mission, field of activity, notable projects/co operations)	
Website	
Head of organisation <sup>1</sup>	Full name: Position within organisation:
Contact person submitting the request	Full name: Position within organisation: Telephone number: Address:
<b>2. Grant Request Details</b>	

<sup>1</sup> Head of organization will be the person who will need to sign the Grant Agreement which is a requirement for payment, if Coloplast approves the application.

Type of Grant (please tick the box)	<input type="checkbox"/> Support for HCPs Participation at Third Party Organised Educational Event (the "Educational Event")  <input type="checkbox"/> Support for the Educational Event
Therapeutic or diagnostic areas	
Country in which the Grant is intended	
Please provide a detailed description on how the Grant will be used (e.g. number of HCPs to be supported, average amount proposed per HCP for flights, average amount proposed per HCP for registration fees etc.) <ul style="list-style-type: none"> <li>Required supporting documentation: an overview of the budget (see section 7.)</li> </ul> <p>Note: Generally, we except the Grant to only cover the costs related to the organisation of the Educational Event (e.g. the rent of the premises where the event is taking place) or the costs of registration, travel and accommodation of participating HCPs. The Grant will not be provided to cover the costs linked to the organisation of leisure/entertainment activities or for the invitation of spouses/partners of HCPs. In addition, no funding will be provided to cover ordinary operating expenses, running costs of the organisation and other budget items not directly linked to the education.</p>	
Amount of funding requested from Coloplast	
Amount of external funding requested in total	
Percentage of overall budget sought from Coloplast	
Bank account details (This must be an account in the name of the body making the application and not an individual)	Bank name: Bank country: Account holder: IBAN number: BIC or SWIFT Code:
<b>3. Educational Event Details</b>	
Title	
Dates	Start date (dd/mm/yyyy): End date (dd/mm/yyyy):
Location	City: State: Country:
Venue	Name: Address: Website:
Objective of the Educational Event: please provide a detailed description of scope, purpose and anticipated outcome of the programme. <ul style="list-style-type: none"> <li>Required supporting documentation: most up-to-date program (see section 7.)</li> </ul>	
Targeted audience by the Educational Event (please tick the box)	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International
Has the Educational Event been approved by the EthicalMedtech Conference Vetting System?  Note: More information on the system is available at	<input type="checkbox"/> YES <input type="checkbox"/> NO

<a href="http://www.ethicalmedtech.eu/">http://www.ethicalmedtech.eu/</a>	
If "NO", please indicate the reason	<input type="checkbox"/> The Event does not require approval of the EthicalMedtech Conference Vetting System as it does not fall under its scope (See scope at: <a href="http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase">http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase</a> ) <input type="checkbox"/> The Event is currently not listed on the EthicalMedtech conference calendar (See calendar at: <a href="http://www.ethicalmedtech.eu/">http://www.ethicalmedtech.eu/</a> ) <input type="checkbox"/> The Event is currently listed in a "TO BE REVIEWED" status on the EthicalMedtech conference calendar <input type="checkbox"/> The Event is currently listed in a "NOT ASSESSED" status on the EthicalMedtech conference calendar <input type="checkbox"/> The Event is currently listed in a "PARTIALLY COMPLIANT" status on the EthicalMedtech conference calendar <input type="checkbox"/> The Event has been assessed as "NOT COMPLIANT" on the EthicalMedtech conference calendar <input type="checkbox"/> Other (please specify)...
<b>4. HCPs Participation at the Educational Events</b>	
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 the person who is responsible to select the HCPs to attend the Educational Events	
<b>5. Previous Grant Support</b>	
Has your organisation already applied for or received funding from Coloplast before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please indicate the amount, date and purpose of the requested/awarded grant?	
<b>6. Remarks</b>	
<b>7. Supporting Documents</b>	
Please attach the following supporting documents to this form: <ul style="list-style-type: none"> <li>• A copy of most up-to-date draft programme, agenda or communication material related to the Educational Event</li> <li>• A draft budget laying out how the funds will be spent</li> </ul>	

I declare that:

This form was completed on behalf of the requesting organisation;  
The information provided in this form and supporting documents is true and accurate;  
The 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 the Company's products or services.