**CW+ Small Change Big Impact**

**Summary**

Small Change Big Impact is a small grants fund managed by CW+, Chelsea and Westminster Health Charity. As the people who are on the ground, the initiative gives staff and patients the power to decide the best way to support patients and improve patient care.

**Funding Scope**

At present, CW+ has set aside £30k per annum for the initiative. As a guide, we recommend applying for a grant that falls within one of the following three categories:

* Small (up to £250)
* Medium (up to £500)
* Large (up to £2,000)

**Aims**

The fund aims to provide fast-track access to funding for ideas that:

1. improve patient care; or
2. improve patient experience.

Examples of bids include equipment, furniture, support for patients’ events and enhancements to the environment. We welcome imaginative ideas that will improve patient experience in a special way.

Unfortunately, we cannot fund

* research
* staff travel, subsistence and entertaining for staff
* hospitality and refreshments for staff
* payments or gifts to individuals.

**Am I eligible?**

* The fund is open for applications from all patients (via a staff member) and from any staff member in any job role within Chelsea and Westminster Hospital.

**How to apply**

1. Fill in the form below and email it to [smallchangebigimpact@chelwest.nhs.uk](mailto:smallchangebigimpact@chelwest.nhs.uk) or post it to the address at the bottom of this page.
2. If your project meets the criteria, we will consider your bid and then get back to you with the outcome.

If successful, the Small Change Big Impact team will work with you on carrying out your project. If you are unsuccessful, the Small Change Big Impact team will advise you on potential alternative funding sources.

**Contact**

For further information or guidance, email [smallchangebigimpact@chelwest.nhs.uk](mailto:smallchangebigimpact@chelwest.nhs.uk) or contact Katey Warran, [katey.warran@chelwest.nhs.uk](mailto:katey.warran@chelwest.nhs.uk) / 0203 315 6581

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| **Small Change Big Impact** **Application Form**  If you are a patient filling out this form, please provide details of the staff member who is supporting your application. | | |
| **Name:** | **E-mail:** | **Phone:** |
| **Division/address:** | | |
| **Name of area lead/department head:** | | |
| **Date:** | | |
| **Name of Project:** | | |
| **What do you want to buy? (maximum 150 words)** | | |
|  | | |
| **What is the benefit to patients? (maximum 150 words)** | | |
|  | | |
| **How much money do you need? (Up to £2,000 available. Please be as specific as possible and include web links to items if relevant. You can use the table below to guide you if you would like to. We need a cost to consider your application.)** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item** | **Available from** | **Quantity** | **Cost**  **(incl. VAT)** | **Delivery charge** | | *i.e. Table* | *i.e. Amazon:* [*http://www.amazon.co.uk/s/ref=nb\_sb\_noss\_1?url=search-alias%3Daps&field-keywords=table*](http://www.amazon.co.uk/s/ref=nb_sb_noss_1?url=search-alias%3Daps&field-keywords=table) | *i.e. 1* | *i.e. £13.07* | *i.e. Free* | |  |  |  |  |  | |  |  |  |  |  | |  | **GRAND TOTAL:** | | *i.e. £13.07* | | | | |
| **What other funds have you considered? (maximum 50 words) Please note that if the charity holds a ward fund for your department, we will encourage you to use this.** | | |
|  | | |
| **Signed**  **Inserting your name above constitutes a signature** | | |

We would like to keep you informed about our latest work through our quarterly e-newsletter. If you would prefer not to receive these updates, please tick this box.