



## HASLEMERE & DISTRICT HOSPITAL

### LEAGUE OF FRIENDS

Mrs Rose Parry, Myrtle Cottage, Conford, Nr. Liphook, Hampshire GU30 7QW

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Haslemere Hospital League of Friends is always pleased to consider requests for equipment or funds. To speed up the process of approval it would be helpful if this form could be filled in and submitted in time for the next Committee meeting. These occur six times a year, usually in January/March/April/June/September & November.

You may find it helpful to read our Purchasing Protocol Guidelines before completing this form.

#### **PURCHASING PROTOCOL**

1. The League of Friends aims to buy equipment or fund other projects for the benefit of Staff or Patients of the hospital.
2. The League does not aim to fund items that could reasonably be expected to be provided out of ongoing NHS funds.
3. Equipment once bought becomes the property of the NHS but on the understanding that all such equipment remains in Haslemere..
4. The League would not normally expect to cover ongoing maintenance of equipment whether purchased by the League or not. (Exclusion-patient phones)
5. Equipment will not generally be funded until it can be put into immediate use or a date for such use is confirmed.
6. A minimum of two quotes will be obtained unless there is an overwhelming reason for using a given supplier
7. **A request form will be completed for each purchase**
8. The League aims to benefit all users of the hospital and will seek to ensure that no single sector of the hospital receives unduly frequent donations of equipment.
9. Higher value or complex requests will be referred to a sub-committee, which may have delegated authority to sanction purchases.
10. The Committee will periodically review the success of past purchases.

**Completed forms, with quotations and relevant literature, should be returned to Mrs Rose Parry at the above address.**

**REQUEST FORM**

- 1. Name/Dept making request.....
- 2. Item of equipment/Nature of request.....
- 3. Total cost of request with any associated extra items.....£
- 4. Patient/Staff. Benefit.....  
.....  
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- 5. Will the item be used immediately or is it dependant on other work/equipment/staff?
- 6. Is the item required to comply with national guidelines or frameworks?
- 7. Are two or more quotes provided or is there a very strong reason why a second quote is not available/appropriate? (*Failure to provide a second quote may cause delay except when the product is unique.*) Is there any deadline on the quotes?
- 8. Have any other charitable funds been approached?
- 9. Is this a joint purchase with another hospital?
- 10. Reason why item not purchased from hospital funds (e.g. luxury or non essential item/no funds/supersedes existing equipment

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Date of Request.....Signature.....

Name & Contact details.....

Date Considered.....Action (Approve/Refer to Subcommittee/Decline)

Date Approved.....To be ordered by (name).....

Maximum amount agreed to.....

Any other details/conditions.....

Signature (Committee)..... Signature (Hospital).....

(Copy to Chairman/Treasurer/Secretary/Hospital administrator)