SPF Fund

**Amendment Form**

# What to use this form for

* ***Adding a new Fund Adviser*** *to a Special Purpose Fund (SPF)*
* ***Removing an existing Fund Adviser*** *from a Special Purpose Fund (SPF)*

NB Any change will require authorization from a current Fund Adviser and a General Manager (or equivalent in triumvirate or seniority).

# How to fill out this form

***Complete for every request***

* ***Section A:*** *Add or remove fund advisors*
* ***Section B:*** *Authorisation and endorsement*

NB For electronic submissions, we accept electronic signatures or explicit authorisations/endorsements.

# How to submit this form

Email a copy to [esth.charity@nhs.net](mailto:esth.charity@nhs.net)

For any questions, please contact us directly.

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| --- |
| **SECTION A: Fund Details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Fund name: |  |
|  |  |
| Fund code: |  |
|  |  |

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| **SECTION A: Adding/removing Fund Advisors** |

Please indicate with an ‘x’ if you are adding or removing the Fund Advisor from the SPF.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
|  |  | Add Fund Adviser |  | Remove Fund Adviser |  |
|  |  | | | |  |
| Full name: |  | | | |
|  |  | | | |
| Job title: |  | | | |
|  |  | | | |
| Directorate: |  | | | |
| Hospital location: |  | | | |
|  | | | |
|  | | | |
| Extn / Bleep: |  | | | |
|  |  | | | |
| Email: |  | | | |
| Reason for change: |  | | | |
|  | | | |
|  | | | |
| Signature: |  | | | |  |
|  |  | | | |  |
| Date: |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |

Please indicate with an ‘x’ if you are adding or removing the Fund Advisor from the SPF.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
|  |  | Add Fund Adviser |  | Remove Fund Adviser |  |
|  |  | | | |  |
| Full name: |  | | | |
|  |  | | | |
| Job title: |  | | | |
|  |  | | | |
| Directorate: |  | | | |
| Hospital location: |  | | | |
|  | | | |
|  | | | |
| Extn / Bleep: |  | | | |
|  |  | | | |
| Email: |  | | | |
| Reason for change: |  | | | |
|  | | | |
|  | | | |
| Signature: |  | | | |  |
|  |  | | | |  |
| Date: |  | | | |  |
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| **SECTION B: Authorisation and endorsement** |

**Current Fund Advisor Authorisation**

A current SPF Fund Advisor must authorize the change. We accept either electronic signatures, or explicit email authorisations.

NB: if there are no current Fund Advisors, or they have all left the Trust, you can leave this blank.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full name: |  |
|  |  |
| Job title: |  |
|  |  |
| Directorate: |  |
| Hospital location: |  |
|  |
|  |
| Extn / Bleep: |  |
|  |  |
| Email: |  |
|  |  |
| Signature: |  |
|  |  |
| Date: |  |  |
|  |  |  |
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**General Manager (or equivalent) endorsement**

A General Manager (or equivalent in triumvirate or seniority) must endorse the change. We accept either electronic signatures, or explicit email endorsements.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full name: |  |
|  |  |
| Job title: |  |
|  |  |
| Directorate: |  |
| Hospital location: |  |
|  |
|  |
| Extn / Bleep: |  |
|  |  |
| Email: |  |
|  |  |
| Signature: |  |
|  |  |
| Date: |  |  |
|  |  |  |
|  |  |  |

Thank you for completing this form. Please return it to [esth.charity@nhs.net](mailto:esth.charity@nhs.net) and we will make the necessary changes and confirm them with you.