

STAFF LOTTERY APPLICATION FORM



A **maximum of 5 chances** can be purchased
Complete the slip and return it to:

Jurgita Ivanauskaite
Facilities Department
Royal Bournemouth Hospital
Post Point F06

Or email scanned copy to
Enquiries.StaffLottery@uhd.nhs.uk

You will be informed of the numbers allocated to you

Joining the Lottery

Please allocate me _____ Chances at £1 per chance per month ☐

I authorise University Hospitals Dorset NHS Foundation Trust to deduct £ _____ from my salary

Name: (Please Print) _____ Signature: _____

Assignment No. _____ Department: _____ Ext. No. _____ Post Point _____

You will be notified via your Trust (UHD) email address: UHD e-mail _____ @uhd.nhs.uk

If you do not have one, please contact IT Department ext. 4222 or via <https://rbch.saasiteu.com>

Increasing/ reducing Lottery numbers (chances)

Please **increase** ☐ / **reduce** ☐ my lottery subscription from £ _____ a month to £ _____.
(this will automatically increase / reduce your number of chances)

Name: (Please Print) _____ Assignment No. _____

Department _____ Post Point _____ Signature: _____

Leaving the Lottery

Please cancel my Lottery subscription:

Name: (Please Print) _____ Assignment No. _____

Number of chances: _____ Signature: _____

For Office use only

The application has been processed:

Name added to Starters List ☐ on the Date

By Payroll informed ☐

Additional comments:

Your Lottery Numbers

Dear _____,

You have been allocated the following Lottery Numbers:

/ / / /