

Principles of Starting a Charity Organisation in the UK

A practical guide for UK doctors and surgeons supporting people affected by trauma, conflict and displacement

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A practical handbook for senior clinicians beginning humanitarian charity work. Select a chapter or section to navigate.

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Preface. Why a surgeon might build a charity

There comes a point in a medical career when the question becomes larger than the next operation or clinic. We have acquired judgement, professional relationships and the ability to navigate difficult systems. How can those resources reach people whose lives are being damaged by violence, displacement, poverty or the collapse of access to care?

I write as an Iranian-born consultant trauma and orthopaedic surgeon working in the NHS. My clinical work in Leeds brings me into contact with the consequences of major injury and with the multidisciplinary effort needed for recovery. Trauma care teaches us that an operation is one part of a much longer human story. Safe housing, rehabilitation, mobility, psychological support and a family's ability to remain together can determine whether a technically successful treatment leads to a meaningful recovery.

My Iranian identity gives this question a particular urgency. I am deeply concerned for people injured during repression and unrest in Iran, and for families living with bereavement, disability, detention and insecurity. I support a secular democratic future in which the Iranian people freely determine their political arrangements. I regard the Lion and Sun Movement and Prince Reza Pahlavi's role within it as part of that personal civic commitment. These are my stated views. They cannot become a condition that a patient must satisfy before receiving help.

I reject the idea that a claim to sacred authority excuses disregard for human life. A government should answer for what happens to the people under its power. That conviction concerns the exercise of political power; it does not assign guilt to ordinary Muslims or diminish anyone's freedom of conscience. A humanitarian service should protect a believer, a non-believer and a political opponent on the same basis of need.

The urgency is supported by serious public evidence. On 23 January 2026, the UN Human Rights Council deplored a crackdown on peaceful protests that had caused thousands of deaths and many injuries. Its session summary recorded reports of assault rifles and heavy machine guns being used against protesters, and of injured people being pursued into hospitals. The account also described severe obstacles to verification and differing casualty estimates. This book does not supply a final death toll or treat every reported incident as independently established. [\[AU01\]](#)

The practical response is to create dependable assistance. It may be a rehabilitation grant, a lawful referral to a treating hospital, support for a bereaved household, or an educational partnership that improves local care. The right programme is the one that answers a verified need and can deliver safely. Its beneficiaries may initially be people affected by events in Iran, but its principles can serve people facing suffering anywhere.

I do not assume that clinical seniority automatically prepares someone to run a charity. A respected surgeon can still be a beginner in governance, fundraising, grant applications, accounts and overseas operations. This book is written for that beginner: capable in their profession, ready to help, and willing to learn the disciplines that make help trustworthy.

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How to use this book

This is a practical founding handbook, organised around decisions. Read the opening chapters before selecting a structure. Use the governance, money and overseas chapters before accepting commitments. Return to the templates when writing a first board paper, a grant proposal or a partner agreement.

The main worked setting is a doctor-led organisation established in England and Wales, with proposed humanitarian work connected with Iran and the surrounding region. Scotland and Northern Ireland have their own regulators and important differences. The book identifies these rather than presenting a single UK registration regime.

The source base combines relevant material from the author's Drive with current official guidance. It includes a proposed UK foundation programme, a compliance note, a draft CIO constitution, a founding board and operations pack, a proposed trauma-care foundation charter, and a humanitarian support constitution. The author's published October 2026 humanitarian strategy supplies further context. These documents were reconciled; differing proposed names, objects and governance arrangements have not been treated as one legally established organisation. [AU02]

Edition status. Sources were checked for this edition on 14 October 2026. A proposed constitution is not evidence of registration, a prospective partner is not an agreed partner, and a listed funder is not a funding commitment. This book does not announce the establishment of a charity or certify an existing operation. None of its sample letters has been sent.

Using the legal and clinical material. The chapters provide general education and planning tools. Obtain advice on the actual constitution, transactions, employment, tax, clinical service and countries involved. Regulatory thresholds, funding rounds, sanctions lists and entry requirements can change. Check the linked official source at the point of use. Clinical content concerns governance and access to care, not instructions for treating an individual patient.

Using the examples. Budgets, time ranges, committee arrangements and target numbers are illustrative proposals unless a source expressly identifies a statutory rule or official charge. Change them after obtaining quotations and assessing local need. No estimated budget in this book is a quotation for a patient's operation, international evacuation or hospital admission.

Institutional independence. The author's professional appointments explain his background. They do not imply endorsement by the NHS, Leeds Teaching Hospitals, the University of Leeds, any regulator, funder or humanitarian organisation. No patient identities, confidential clinical records, private contact networks or bank details are included.

If your immediate question is...	Start with...
Should I start something new?	The first two chapters and the comparison of structures and hosted projects
Who should be on the team?	Trustee governance, practical roles and independent clinical decisions
What paperwork and money do we need?	Registration, the worked start-up budget, accounting and the staged launch plan
How do we raise the first funds?	Fundraising design, events and collections, grant readiness and the funder directory
Can we help a named injured person abroad?	Beneficiary assessment, clinical governance, partner checks, sanctions and the complete treatment pathway
How do we remain trustworthy?	Restricted-fund controls, safeguarding, complaints, monitoring and the reusable templates

CHAPTER 1

From a desire to help to a workable charitable idea

Begin with the problem experienced by the person

“We want to help injured people” is a humane starting point. It is not yet a programme. A programme describes who cannot obtain what support, why the support is unavailable, what the organisation will do, and how it will know whether the gap has narrowed.

A patient with an injury may have several different obstacles. The right service may be unavailable nearby. It may exist but be unaffordable. Travel may be unsafe. The patient may fear being identified. A family may have no income while its main earner recovers. A child may miss education because a caregiver is injured. These problems require different partners and different forms of help. They should not automatically become a plan to bring every patient to Britain.

Start with a short listening exercise involving local clinical services, people with lived experience, rehabilitation professionals and organisations already working with the population. Ask about gaps in care, barriers to women and disabled people, existing referral routes and the assistance that another organisation is already funding. Collect only the information necessary for programme design. A public spreadsheet of wounded people is not a needs assessment.

Write a one-page need statement. Specify a population and place, a time period, the unmet service, available evidence, existing provision and the proposed contribution. State what remains uncertain. If reliable local information is unavailable, the first project may be an accountable partnership and needs assessment rather than an immediate promise to fund surgery.

A menu of possible charitable programmes

The following ideas are programme options drawn from the author's founding papers and professional judgement. They are not descriptions of services already operating. Each requires suitable charitable objects, a competent delivery team and the operational checks developed later in this book.

Programme idea	Potential contribution	Main difficulty to resolve
Treatment-access grants	Meet verified costs of assessment, necessary treatment or follow-up through approved providers	Clinical appropriateness, lawful payment and full-pathway affordability
Rehabilitation and disability support	Fund physiotherapy, suitable prosthetics, mobility support and participation in daily life	Assessment, fitting, maintenance and continuing local support
Family hardship assistance	Help eligible households with food, essential transport or temporary accommodation during injury or bereavement	Fair financial-need assessment and a defined period of support
Clinical education	Support requested training, mentoring and safer trauma systems	Local ownership, educational quality and evaluating useful change

Programme idea	Potential contribution	Main difficulty to resolve
Professional volunteering	Supply a defined skill through an established charity or hospital partnership	Availability, supervision, local permission, indemnity and absence cover
Referral and navigation	Help people understand credible medical and social-service options	Avoiding unlicensed clinical or immigration advice and false promises
Psychosocial support	Fund access to qualified, culturally appropriate services for survivors and families	Safeguarding, language, confidentiality and continuity
Equipment support	Meet a provider's assessed equipment need	Compatibility, consumables, training, servicing, import rules and disposal

For a small founding team, one well-defined programme is usually easier to govern than all eight. A rehabilitation pilot may be more achievable than arranging multiple overseas operations. A partnership funding existing care may be more useful than creating a new clinic. The decision should follow evidence about the gap, not the prestige of the activity.

Decide what only your group can add

Medical expertise can improve the quality of a charitable project. Clinicians can scrutinise referrals, question implausible treatment proposals, help define outcome measures and build professional relationships. The same expertise can become a weakness if the programme assumes that its founders understand every local system better than those working within it.

List the capabilities actually available: reliable volunteer hours, languages, clinical specialties, finance competence, charity experience, and a person able to coordinate cases during working hours. Distinguish an offer of occasional advice from a commitment to deliver a service every week. Count the administrator who can obtain an invoice and arrange follow-up as part of patient care capacity.

Then write the distinctive contribution in one sentence. For example: “We will fund and monitor a small number of locally delivered rehabilitation pathways for adults with disabling traumatic injuries who cannot otherwise afford them.” This is sufficiently specific to test. “We will transform trauma care across the region” is a long-term aspiration that still needs a smaller first step.

Starting a charity is one route to helping

There is no professional obligation to become a founder. A senior doctor can be a trustee of an existing charity, a clinical adviser, a volunteer, a fundraiser, a grant assessor or a donor. Each role can be valuable. A new organisation becomes justified when there is a real gap and a team able to sustain the obligations attached to it.

Compare three routes before filing an application. First, support an existing programme that already meets the need. Second, explore a formally governed project under an established charity with compatible purposes and genuine oversight. Third, establish a new entity where independence and long-term scope justify the work. The registration chapter explains the legal distinctions. A hosted project must be controlled under a real agreement; another charity's registration number cannot be borrowed as a badge of legitimacy.

Do not make registration the first measure of success. The better early question is whether there is an appropriate provider, a usable lawful funding route and a means of supporting the patient through the whole episode. A charity may be registered and still be unable to deliver safely.

Conversely, a properly approved project within an experienced charity may deliver meaningful assistance before a separate organisation would be ready.

Make a deliberate founding decision

Hold a meeting with a written agenda and circulate the one-page need statement in advance. Invite challenge from someone outside the founding friendship group. Discuss the existing organisations, proposed contribution, likely beneficiaries, risks, necessary skills, available funds and time commitments. Record who will investigate each uncertainty.

Use a decision record with four possible outcomes: develop a new charity; negotiate a hosted project; support an existing organisation; or pause until a material gap is resolved. A decision to pause can protect patients from an unfunded or unsafe promise. It should state what evidence would allow the project to restart.

The founding test: can the team explain the need, the proposed benefit, the accountable delivery route and the resources required without relying on a celebrity introduction, an unverified partner or a hoped-for political event? If it can, the idea is ready for the next stage of design.

CHAPTER 2

Design assistance around need, dignity and recovery

Define eligibility before selecting individual cases

Eligibility should follow the charitable purposes and programme capacity. Set the geographical focus, types of unmet need, financial criteria where relevant, age range if justified, and services that the programme can fund. Explain how people can be referred, what evidence is needed, who decides, and how a decision can be reviewed.

For the proposed trauma-support setting, a policy might cover people affected by serious injury, violence or displacement who lack access to necessary medical, rehabilitation or essential family support. The policy should then specify the actual first service. A broad constitutional power does not mean that every applicant can be supported immediately.

Do not require evidence of membership of a movement, participation in a protest, religion, or agreement with the founders' beliefs. Political persecution may be relevant to a person's protection needs, but a clinician should not become an examiner of ideological loyalty. Nor should relatives of someone killed automatically receive money without an assessment showing a charitable need that the organisation is authorised to relieve.

Fair prioritisation under limited resources

An illustrative review considers urgency, severity of unmet need, vulnerability, availability of other support, likely benefit, feasibility and the cost of completing the pathway. These are considerations for informed review, not a mechanical clinical score. Urgent deterioration requires the appropriate local emergency service; an overseas charity's committee is not an emergency department.

Have a qualified clinician consider medical appropriateness, and a separate authorised person consider the funding decision. Declare relationships with the applicant or proposed provider. Document the reason for approval, refusal or deferral. A reviewer should not approve their own family's case or a payment to their own private practice.

An anonymised example illustrates the process. Two people seek assistance. One needs a modest, locally available rehabilitation programme with a clear assessment and follow-up plan. Another needs a complex overseas operation whose provider, entry permission and aftercare are unresolved. The second person may have greater clinical needs, but the charity cannot responsibly promise a transfer that it has no ability to complete. It can seek qualified referral advice while funding an achievable pathway for the first person. The record should explain the unresolved conditions and the next review point, rather than label the second applicant undeserving.

Treat the whole pathway as the unit of planning

Build the plan from first assessment to an agreed endpoint. Possible costs include clinical review, interpretation, investigations, treatment, inpatient care, prescribed medicines, rehabilitation, accessible accommodation, an accompanying caregiver, lawful transport and follow-up. Identify likely complications and who is responsible if they occur. A “free operation” may still leave a family with unaffordable travel, investigations and months of care.

Separate three things in the approval: what is clinically recommended; what the charity has agreed to fund; and what the treating provider has accepted responsibility to deliver. Give the person a clear explanation of each, in a language they understand. Consent to treatment belongs within the clinical relationship and applicable local law. Agreement to receive financial assistance does not replace it.

Where care is available safely near the person's home, consider the advantages of continuity, family support and avoiding displacement. Where local care is unsuitable or inaccessible, assess another location through a formal referral process. International movement should be a reasoned patient-specific option, supported by receiving services and immigration advice. A charity cannot guarantee a visa, asylum outcome or entry into a hospital.

A practical theory of change

A theory of change is simply the reasoning connecting resources to a useful result. Write it in ordinary language and make its assumptions visible.

Element	Illustrative rehabilitation pilot
Need	People with disabling injuries cannot obtain an assessed course of rehabilitation
Resources	Cleared charitable funds, a qualified local provider, clinical review and a coordinator
Activity	Assess eligibility, approve care plans, fund sessions and arrange suitable follow-up
Immediate output	People receive the agreed assessment and sessions
Intended outcome	Improvement in individually relevant function, participation or confidence, assessed appropriately
Critical assumptions	People can attend safely, care is appropriate, supplies are available and follow-up is feasible
Evidence for review	Attendance, provider records, patient feedback, appropriate functional outcomes and reconciled costs

Do not equate a payment with an outcome. Report separately the number referred, accepted, funded, treated and followed up. Give denominators and periods. “Eight of ten participants completed their agreed course by the review date” is more informative than “100% impact.” If contact is lost, say so. Missing follow-up is both a limitation in evaluation and a possible clinical or protection concern.

Protect dignity when telling the story

Donors need to understand the problem. They rarely need a person's identifiable medical history. Use aggregate information, clearly labelled fictional examples or carefully authorised stories. Do not present a composite story as the experience of a real named patient. Avoid creating a searchable trail that links a survivor, family, treating clinician and location.

Consent for publicity must be separate from eligibility for assistance. A person should be able to decline photographs, interviews or testimony without jeopardising care. Consider whether public disclosure could create consequences for relatives still in Iran or elsewhere. Even enthusiastic consent does not remove the charity's responsibility to assess foreseeable harm.

Provide a safe way to complain in appropriate languages. Explain who receives concerns, what happens next, and the limits of confidentiality. Make it possible to complain about the founder or a clinical adviser without routing the complaint solely through that person. The overseas and governance chapters develop these controls.

Prepare for uncertainty without forecasting disaster

Further repression, renewed armed conflict, civil unrest, economic hardship, displacement or a political opening are planning scenarios. None should be described as inevitable. A useful scenario plan identifies what the organisation would do if referrals doubled, communication failed, a border closed, a provider suspended work or a payment route became unavailable.

Agree a capacity ceiling, a contingency contact, an alternative provider where feasible and a rule for pausing new commitments. Protect existing patients' continuity before expanding an appeal. Record the assumptions at each board review and change the plan when the evidence changes. The humanitarian purpose should survive changes in political circumstances: reduce suffering through services that remain lawful, impartial and accountable.

CHAPTER 3

From moral concern to a charitable purpose

The first decision is what useful change the organisation will make for people in need. A surgeon may begin with the wish to treat every injured person who cannot obtain care. A workable charity begins with a narrower promise: a defined group of people, a service it can deliver safely, a budget it can sustain and a way to establish whether help has actually reached them.

For a new professional group, an initial programme might fund rehabilitation through one assessed provider; arrange independent specialist assessments for a limited number of referrals; or support essential accommodation and transport for families whose relative is receiving treatment. Each can develop into a larger service. Trying to launch surgery, evacuation, refugee advice, human-rights investigation and international campaigning simultaneously would require several different systems of competence and accountability.

A mission is not the same as an object

A mission expresses the organisation's ambition in ordinary language. Its charitable objects define its legal purposes. A programme describes the activities used to pursue those purposes. Fundraising is a means of paying for the work, rather than the purpose for which beneficiaries receive help. Keeping these separate makes the application clearer and helps trustees decline attractive proposals that lie outside their remit. [RG01]

In England and Wales, relevant recognised purposes include advancing health or saving lives, relieving poverty, and relieving need associated with illness, disability, hardship or other disadvantage. Human rights and education may also be charitable, but adding these words does not automatically make every associated activity charitable. Each purpose must meet the public-benefit requirement. [RG02]

The author's proposed *Patriotic Doctors UK Foundation Founding Programme 2026-2030, UK Founding & Compliance Note* and draft constitution provide a useful starting point. They already identify medical assistance, rehabilitation, family support and professional collaboration, alongside a distinction between humanitarian work and founders' personal political positions. These are planning documents. Their existence does not establish that an organisation has been registered, appointed all its trustees, opened a bank account or received permission to deliver services.

One lesson from comparing these documents is that the programme and constitution must agree. A programme may describe ambitions in human-rights education and civic participation while a constitution authorises medical and hardship relief. The board must either keep activities within the adopted objects or obtain properly drafted objects and any necessary approval for the additional purposes. A broad programme is not itself legal authority.

Public benefit in practical terms

Public benefit requires an identifiable benefit and an appropriate public group; personal benefit must remain incidental. Potential harm also matters. A scheme that provides medical assistance but exposes patients to serious avoidable danger through publicity has not been adequately designed. Trustees should be able to explain their decisions against the regulator's guidance and report how the charity's work delivered benefit. [RG03]

A geographic focus on people affected by events in Iran can be a practical starting point where there is evidenced need and a credible delivery network. It does not require a permanent promise

to operate everywhere. Conversely, a worldwide object does not require immediate worldwide activity. Record why initial countries, patient groups or services have been prioritised, and review that choice as circumstances change.

Eligibility should concern clinical need, hardship, vulnerability and the ability to provide useful assistance safely. Avoid requiring beneficiaries to endorse a political leader, describe their religious belief or prove loyalty to a movement. A person who cannot speak publicly about an injury may still be in substantial need. Bereavement alone does not settle the legal basis for a particular payment: identify the hardship, health need or other charitable need the support is intended to relieve.

Illustrative object for professional review

The following is an original working example for a proposed England-and-Wales medical relief charity. It is not an approved constitution or a guarantee of registration:

“The charity's purposes are to advance health and relieve need arising from injury, illness, disability or financial hardship among people affected by armed conflict, violence, civil unrest or humanitarian emergencies, for the public benefit. These purposes may be pursued anywhere in the world through the provision or funding of suitable healthcare, rehabilitation and essential support associated with such care.”

The final wording needs to match the actual service. A programme supporting relatives' broader hardship may need a more specific relief purpose. A grant-making body needs a documented approach to choosing and monitoring grants. A body delivering treatment needs substantially more clinical and operational preparation. Use the regulator's guidance and examples; avoid importing every possible ambition into the first constitution. [RG01] [RG09]

Humanitarian independence and personal political conviction

The founder may have strong views about repression, democratic change and the responsibility of doctors to act. These can explain the personal motivation for establishing a medical relief organisation. The charity itself needs exclusively charitable purposes and independent decisions about its resources.

For England and Wales, Charity Commission guidance permits campaigning and political activity that further a charity's purposes. Political activity cannot be a charitable purpose in itself, and the charity must not support a political party or candidate. The definition includes attempts to change policies or decisions of public bodies outside the UK. [RG04]

A medical charity might, following a reasoned board decision, argue for safe access to rehabilitation or protection of patients. An appeal to finance the replacement of a government or endorse a particular political leader creates a different legal problem. Calling the appeal humanitarian would not correct its underlying purpose. The Commission specifically identifies campaigning for a change in government as an activity incompatible with the charity model. [RG05]

Where founders also participate in a political or civic organisation, make responsibilities visible. Charity donations, beneficiary records, staff time and communication channels must be used for the charity's work. Separate legal entities do not cure an improper subsidy, shared campaign or conflict. Any proposed sharing of premises, staff or services needs independent decisions, appropriate authority and recorded arrangements.

For this project, a helpful public sentence would be: “Our founders bring different personal views and experiences; assistance is decided by need, safety and our charitable purposes.” Apply it in referral decisions and fundraising material, not only in a policy document. Review Scottish and Northern Irish guidance separately where those jurisdictions apply.

CHAPTER 4

Choosing the structure and the route into charitable work

An existing charity may provide the first route

Becoming a founder is only one way to help. An experienced charity may already have lawful banking, contracts, safeguarding, reporting systems and local partnerships. The Charity Commission encourages prospective founders to examine collaboration before establishing another organisation. [RG05]

Three possible approaches deserve comparison: volunteering professional skills within an existing programme; fundraising for an existing charity's agreed programme; or agreeing that an established charity will host a defined project. In each case, that charity must genuinely accept the activity and retain the responsibility required of its trustees. Its registration number is not something a new group can borrow.

For a hosted project, discuss the following matters before using the host's name:

Matter to agree	What the written arrangement should settle
Purpose and scope	The permitted beneficiaries, countries, services and duration.
Control	Who approves spending, staff, partners and public statements.
Money	The receiving bank account, fund restrictions, costs, administration charges and reporting.
Clinical responsibility	Who provides care, who employs or contracts clinicians, and the relevant insurance.
Information and safeguarding	Responsibilities for patient information, complaints and serious incidents.
Completion or separation	Existing commitments, records, unspent restricted funds and any lawful transfer.

This is a negotiation checklist, not a universal hosting contract. A host may decline Iran-related activity or a particular transfer route after its own assessment. An arrangement should be evaluated for its actual capabilities. Registration and a familiar name cannot substitute for due diligence.

An independent charity becomes more attractive when there is a durable unmet need, a distinct contribution, committed trustees and enough unrestricted income to maintain the organisation between appeals. Independence brings control over programme choices, but also direct responsibility for decisions the host would otherwise carry.

England and Wales: the principal choices

Form	Practical characteristics	Relevance to a new humanitarian group
Foundation CIO	Incorporated charity; trustees are its voting members; registered through the Charity Commission.	Often suitable for a skills-based board with a wider non-governing professional network.
Association CIO	Incorporated charity with a wider voting membership.	Suitable where members should elect trustees or make reserved decisions; requires membership administration.
Charitable company limited by guarantee	Corporate body; company and charity responsibilities.	Can suit organisations needing this form, but adds Companies House obligations.
Unincorporated association	Membership organisation without a separate corporate identity.	Can suit limited, low-risk activities; personal contractual exposure needs careful consideration.
Charitable trust	Trustees manage charitable assets under a trust deed.	Often considered for holding assets or grant-making; less natural for extensive service operations.

The legal distinctions in this table follow the Commission's structures guidance. Incorporated forms can contract and employ in their own names; unincorporated arrangements can expose trustees personally. A CIO comes into existence through registration and does not also incorporate at Companies House. [RG06] [RG21] [RG22]

For a proposed clinician-led organisation coordinating overseas assistance, a Foundation CIO is a reasonable starting option to examine. The author's founding drafts favour it. This is a planning judgement based on the described board-led model, not a universal recommendation or a substitute for reviewing the actual programme. Incorporation does not insure negligent treatment, authorise overseas medical practice or protect a trustee from the consequences of every wrongful act.

Do not confuse a Foundation CIO with an organisation that merely includes “Foundation” in its name. The constitution and registration determine the legal form. An advisory council can provide expertise without receiving the voting rights of legal members. Describe supporters, advisers, volunteers, members and trustees accurately so people understand their powers and duties.

A community interest company is a different form and is not a charity. It may fit some social enterprises, but it should not be presented to donors as equivalent to charitable status. [RG05]

Three regulatory systems within the UK

There is no single UK charity registration process. Start with the organisation's legal base and governing law, then examine where it will operate and describe itself as a charity.

Jurisdiction	Main route	Point to remember
England and Wales	Charity Commission for England and Wales.	Most ordinary non-CIO charities encounter the £5,000 annual-income registration threshold; CIOs register regardless of income. Specific exceptions exist. [RG07] [RG08]
Scotland	OSCR, the Scottish Charity Regulator.	Apply against the Scottish charity test; a SCIO is the distinct Scottish incorporated charity form. Do not use an English CIO constitution unchanged. [RG10] [RG11]

Jurisdiction	Main route	Point to remember
Northern Ireland	Charity Commission for Northern Ireland (CCNI).	Follow its Expression of Intent and call-forward process; the planned small-charity threshold must not be treated as already effective. [RG14] [RG15] [RG16]

In Scotland, the online application requires the draft governing document and signed trustee declarations. A proposed SCIO needs at least three charity trustees. OSCR states that applying and registering are free. Scottish charity status depends on meeting the Scottish test, rather than reaching the English-and-Welsh £5,000 threshold. [RG10] [RG11] [RG12]

As checked on 14 October 2026, CCNI's published guidance continues to require registration for Northern Irish charities and distinguishes this from HMRC tax recognition. Its planned exemption would cover charities with annual income of £20,000 or less **and** assets of £100,000 or less. The regulator describes the necessary regulations as still being progressed. Check the live position before acting: an announced change is not the operative rule. [RG14] [RG16]

CCNI's Expression of Intent page says new expressions are usually called forward within eight weeks, but also carries a notice of paused invitations during an online-system upgrade. This is a reason to verify the current queue, not to promise registration within eight weeks. The call-forward stage and the substantive decision are separate. [RG15]

Cross-border activity can add obligations. OSCR explains when an England-and-Wales charity needs Scottish registration and how the two regulators work together. A national-looking website is not enough information to decide the answer: consider the actual offices, activities, representations and fundraising arrangements. [RG13]

Use a current governing document

The constitution is a working rulebook. It should govern appointment and removal, meetings, decisions, financial powers, conflicts, permitted benefits, amendments and eventual closure. The Charity Commission supplies model documents for CIOs and other forms; use the appropriate current model and complete its choices coherently. [RG09] [RG17]

Do not rely on a historic document simply because it looks formal. Comparing the author's drafts illustrates a useful final check: remove duplicated object headings, reconcile singular and plural references, verify clause numbers, and make the programme match the operative objects. These editorial repairs do not replace legal review of powers and duties. Keep the final adopted document, decision record and registration copy under clear version control.

CHAPTER 5

Registration, timescale and the cost of starting

Prepare an application that describes the real organisation

For the proposed Foundation CIO, plan a board of at least three suitably skilled trustees who can exercise independent judgement, and check the selected model constitution and eligibility rules. This is a practical founding recommendation, not a single universal minimum for every UK charity form. [RG05]

Registration should be the result of organised preparation. The application needs evidence that the organisation is charitable and that the trustees understand the work they are accepting. The Commission expressly warns that generic application text, including text generated by AI, can prompt further questions where it does not describe the particular charity. Use this book to organise decisions, then write the application from verified facts. [RG07]

Prepare a shared application file with an owner for each item:

Item	Completion test
Purpose and first programme	Trustees can explain who will benefit, how, where, why the programme is needed and what it will cost.
Structure and jurisdiction	The proposed legal form matches the actual governance and operating plans.
Name	Relevant register and name checks are complete; branding does not imply an affiliation that has not been agreed.
Constitution	Current model chosen, required options completed and internal references checked.
Trustees	Eligibility, willingness, declarations, roles and interests documented.
Public benefit	The proposed benefits, access criteria and principal risks have been explained.
Funding	Income sources are realistic; forecasts distinguish pledges, applications and money actually received.
Operating controls	Safeguarding, finance, data and overseas-partner arrangements describe what people will actually do.
Supporting evidence	Required documents are legible, current, consistently named and approved for submission.

For England and Wales, the published requirements include the governing document, trustee and contact information, relevant financial details and, where required, evidence of income. Non-CIO applications may need accounts, a bank statement or a formal funding offer. A new CIO is not required to manufacture an income history to pass the usual income test. Follow the questions presented for its actual circumstances and explain matters that are not yet applicable. [RG08]

Choose a public correspondence arrangement carefully. Regulators publish certain information, and a security-conscious founder should understand that before submission. Give the regulator

accurate information; use its legitimate protection procedures where available instead of supplying an inaccurate address or identity. Never put patient records into a registration application merely to demonstrate that people need help.

For a charitable company, plan the Companies House stage as well as charity registration. Directors and relevant people with significant control are subject to the current identity-verification regime. That requirement should be included in the formation checklist. A CIO has a different registration route. [RG18]

A useful planning timescale

The following is an illustrative management timetable for a group whose members retain substantial clinical commitments. It is not a regulator's processing standard. Activities overlap, and complex overseas operations may take longer.

Period from starting	Work to complete	Decision point
Weeks 1-2	Define one initial problem; consult potential beneficiaries safely; map existing provision and possible hosts.	Is a new organisation necessary?
Weeks 3-6	Recruit the founding board; choose structure; draft the programme, objects, first budget and risk assessment.	Is there enough competence and time to proceed?
Weeks 6-10	Finalise the application material; resolve policy gaps; obtain targeted advice; submit when ready.	Does the board stand behind every factual statement?
Months 3-6	Respond to regulator questions; prepare banking, insurance, partner agreements and referral systems.	Can the intended service operate lawfully and safely?
After the required approvals and controls	Start a small, funded pilot; monitor commitments and review before expanding.	Does evidence justify continuing or scaling?

A fast incorporation step does not establish that the service is ready. Banking checks, clinical permissions, sanctions advice, partner verification and insurance can be independent constraints. Avoid booking a public “charity launch” around an assumed registration date. Explain genuine urgency to the regulator, while keeping interim assistance within a suitable existing organisation where one has agreed to take it on.

The Commission's registration guidance advises advance submission and warns of high application volumes. Preliminary checks, the final decision and publication of an entry are different events; none should be confused with a promised end-to-end deadline. [RG07]

Statutory fees and the real founding budget

Charity registration and the cost of creating a capable organisation are different questions. Charity Commission registration has no application charge; an adviser may charge for preparation and review. OSCR also confirms that its application and registration are free. [RG12] [RG20]

For a company route, the Companies House schedule checked for this edition gives ordinary incorporation fees of £100 online or through software and £124 on paper. The applicable filing route must accommodate the charitable company's documents. The confirmation-statement fee is

£50 digitally or £110 on paper for the first statement in the relevant twelve-month payment period. These Companies House fees are not CIO registration charges. [RG19]

The following example is an **illustrative allocation**, not a supplier quotation, sector average or minimum legal budget. It assumes donated trustee time and modest administration, with no staff, premises, treatment delivery or overseas travel. It helps a founding group decide what advice and infrastructure it needs to fund before accepting operational commitments.

Illustrative setup allocation	Amount
Charity-law and constitution review	£1,500
Accounting and financial-control setup	£600
Overseas compliance and partner-review advice	£1,500
Secure communications, document systems and basic website	£500
Governance and safeguarding induction	£400
Translation, administration and document preparation	£500
Subtotal	£5,000
Planning contingency at 20%	£1,000
Illustrative setup provision	£6,000

Replace every amount with a written quotation or an explicit decision to use competent volunteer support. A complex sanctions question alone might exceed its example allocation. Separately price organisational insurance, clinical indemnity, employment, examination or audit, bank and payment charges, data protection, fundraising and programme delivery. The example excludes these because their scope depends on decisions not yet made; it must not be used as a complete launch budget.

Do not promise that all donations go directly to treatment unless that statement is literally accurate and the necessary support costs have another secure source. Good records, safe information systems, safeguarding and monitoring are part of delivering dependable help. A founding donor who pays for these functions can make patient-facing support possible.

The first meeting after registration

Record the actual registration details and effective governing document. Confirm appointments and delegated authority, banking permissions, the financial year, policy ownership and reporting calendar. Authorise the initial programme only when its separate operating conditions have been satisfied. Registration does not confirm that a foreign hospital, payment route or clinician has been approved.

Keep a short readiness record showing what has been completed, what remains outstanding, who is responsible and which activities are currently authorised. A clear answer such as “registered; preparing a rehabilitation pilot; not yet accepting referrals” protects trust far better than a broad promise the organisation cannot deliver.

Finally, separate founder expenses, donations and loans from the outset. Record who paid a setup bill, whether repayment was authorised, and whether the payment was intended as a gift. A founder's generosity should not leave future trustees trying to reconstruct the organisation's earliest transactions.

CHAPTER 6

Building a team that can carry the responsibility

A senior surgeon is used to taking responsibility when a decision cannot wait. Charity leadership requires a further discipline: creating a system in which other people can challenge the founder, stop an unsafe proposal and continue the work when the founder is unavailable. Clinical distinction attracts attention. A dependable team turns that attention into sustained help.

The author's existing planning documents already recognise this. They propose collective trustee responsibility, independent financial approval, safeguarding leadership and an initial programme that funds access to lawful care through verified providers. These are proposals for formation and testing, not evidence that an organisation is registered, that proposed trustees have accepted office or that any treatment network is operational.

Start with capabilities, then invite people

Recruiting seven respected friends can still leave a charity without a treasurer, a safeguarding practitioner or anyone who can complete an overseas grant report. Before discussing titles, write a skills matrix. Mark each essential capability as available, obtainable through an adviser, or missing. A missing capability with no credible solution limits what the charity can safely promise.

The following is a suggested allocation for a small trauma-relief charity. Several functions may sit with one person, but the payment proposer and final approver should remain separate. A person providing specialist advice need not become a trustee.

Function	First practical responsibility	What good performance looks like
Chair	Organise decisions, invite challenge and follow up agreed actions	Meetings produce clear decisions, owners and deadlines; the founder can be outvoted under the constitution
Treasurer or finance trustee	Establish the budget, bank controls and monthly reconciliation	Every board member can understand available cash, restrictions and commitments
Clinical lead	Define the clinical boundary and review appropriateness of proposed support	Written criteria distinguish funding assistance, educational discussion and responsibility for treatment
Safeguarding lead and deputy	Establish reporting routes and partner expectations	A beneficiary can raise a concern without approaching the person complained about
Operations and partner lead	Verify referral and delivery arrangements	Each active partner has an owner, documented checks and a review date
Governance and information lead	Maintain decisions, conflicts, policies and access permissions	Records remain usable when a volunteer leaves; sensitive patient information is not in board-wide email chains
Community or lived-experience contributor	Test access barriers, language and dignity	The programme changes in response to affected people's experience, not only clinicians' assumptions

Function	First practical responsibility	What good performance looks like
Fundraising lead	Keep the income plan realistic and donors accurately informed	Restricted appeals match delivery capacity; grant commitments are recorded before publicity

Choose people who have time to do the work. Ask each candidate what they can commit during an ordinary month and during a crisis, which decisions make them uncomfortable, and whether they can challenge a close colleague. Seek complementary experience in nursing, rehabilitation, mental health, finance and humanitarian operations. Seniority alone is a poor substitute for these skills.

Community participation should not require someone to disclose their trauma publicly. An adviser can contribute privately, use a protected identity in wider papers and receive reasonable expenses under an agreed arrangement. Keep any identifying record securely where a legal or governance purpose requires it.

Trusteeship is a shared legal responsibility

In England and Wales, trustees are responsible for directing the charity and managing its administration. The Charity Commission organises their principal duties around public benefit, compliance, the charity's interests, responsible use of resources, reasonable care and skill, and accountability. Delegation does not transfer away that responsibility. The Scottish and Northern Irish regimes require their own trustee guidance and governing documents to be checked. [GV01]

For a doctor, the practical implication is straightforward: being the clinical expert does not exempt you from reading the finances. Being the treasurer does not exempt another trustee from understanding whether patients are safe. A quarterly meeting cannot retrospectively make uncontrolled payments acceptable.

Give every new trustee an induction folder containing the constitution, current budget, programme boundaries, register of interests, risk register, latest decisions and reporting calendar. At the first meeting, rehearse an awkward case: a founder asks the charity to pay a hospital owned by a friend. A team that can discuss this calmly before money is involved is better prepared when a real request arrives.

Record disagreements accurately. A minute should show the question, information considered, conflicts, decision and follow-up. It need not reproduce every opinion. Circulate papers in advance, use understandable language and invite questions from people who are unfamiliar with finance or medicine.

The founder does not own the charity

A founder may contribute money, intellectual effort and professional reputation without acquiring a personal claim over charitable assets. Design succession from the beginning: documented handovers, access held by the organisation, deputies for essential functions and appointment terms consistent with the constitution. Avoid a structure in which one person's departure removes the bank access, clinical relationships and website passwords simultaneously.

An honorary patron or prominent supporter should not be presented as a trustee unless formally appointed. An advisory committee should have written terms stating what it advises on and who decides. In a foundation-model CIO, advisers are not automatically voting members. The constitution determines membership and decision-making powers.

Conflicts are managed through a process

Conflicts can concern money or loyalty. A trustee's hospital, relative, private practice, employer, political association or another charity can create an interest relevant to a decision. Declare it early, record it and apply the governing document and law. Usually, the affected trustee should withdraw from the relevant discussion and decision and not count towards its quorum. Some conflicts cannot be managed merely by leaving the room; avoid the arrangement or obtain the required authority. [GV02]

Example: the founder's private clinic offers discounted consultations. The charity should compare appropriate alternatives, document patient benefit and the financial terms, check legal authority for any trustee or connected-person benefit, and have an unconflicted group decide. A generous discount does not remove the conflict.

Trusteeship is normally voluntary. Reasonable, evidenced expenses are different from payment for trustee duties. Paying a trustee, their business or a connected person for services, employing them, or compensating lost earnings involves separate rules and may require explicit authority. Check the relevant route before entering an agreement; a later board vote is not a reliable cure. [GV03]

An expenses policy should let capable people participate without subsidising the charity personally. Specify claimable costs, evidence, approval and timing. Never let the claimant approve their own reimbursement. Record donations separately from expenses, rather than quietly treating unclaimed expenditure as donated money.

Protect the boundary with NHS employment

Keep the charity's role distinct from the doctor's employing organisation. Before using NHS working time, facilities, staff support, equipment, records, branding or communication channels, obtain the appropriate permission and check the employer's policies on outside roles, conflicts and gifts. Professional titles describe experience; they do not establish institutional endorsement.

GMC standards require patient care to take priority when interests compete, prohibit abuse of professional position for financial gain, and require openness about interests. A patient must not feel that donating will influence access, clinical attention or the doctor's attitude. [GV04]

A practical boundary statement for a personal biography is: "My professional appointment is given for identification. This independent initiative is not an NHS service or an endorsement by my employer." Use it only if it accurately describes the arrangement. Do not copy patient or donor contact details from an employer into a charity database.

Unpaid work still requires suitable protection. NHS employment should never be treated as automatic indemnity for independent overseas charity activity. Obtain written confirmation covering the actual work, countries, advice arrangements and individuals. Clinical indemnity, organisational liability, travel risks and trustee protection are different questions. The BMA expressly warns that NHS indemnity provided through a UK employer does not cover overseas work for voluntary or charitable bodies. [GV05]

Safeguarding must be usable under pressure

Charity trustees must consider harm to beneficiaries, volunteers, staff and others who encounter their work. Adopt a safeguarding policy, safer recruitment procedures, suitable checks, training, reporting arrangements and partner requirements. A named lead coordinates these arrangements but the board retains oversight. Check which criminal-record checks are legally available or required for each role; a DBS certificate is not a complete safeguarding system. [GV06]

For this proposed programme, a practical rehearsal might involve a volunteer asking a displaced patient for money in exchange for a referral. Another might concern publication of a photograph that exposes a beneficiary's location. Agree who receives the report, how contact can be made safely, who can stop the activity and how essential care continues while the concern is assessed.

Do not require the person to complain through their referrer. Offer a language-accessible channel and explain that refusal to appear in publicity will not affect eligibility. Avoid promises of absolute secrecy: explain the circumstances in which information may need to be shared to protect someone or comply with law.

Serious incidents need prompt, proportionate action and reporting to the relevant authorities and charity regulator where required. Reporting to the Charity Commission does not replace emergency, safeguarding, police or professional reporting. Overseas cases need specialist assessment of safe reporting routes; do not expose a threatened person through an automatic disclosure without considering applicable duties and risk. [GV07]

CHAPTER 7

Raising money without losing trust

A senior clinician begins with something valuable: people may trust their judgement, persistence and commitment to patients. That trust is a starting responsibility, not a substitute for a functioning charity. The appeal must explain who will hold the money, what it will purchase, who will decide which patients receive help and what will happen if treatment cannot proceed. A moving speech cannot resolve those questions after donations have arrived.

For a new organisation, the practical starting point is usually a small number of willing supporters, regular giving and one manageable event. Major institutional grants tend to follow a credible programme, financial records and evidence of delivery. Build a first-year fundraising plan that can succeed without a large grant. Treat grant awards as additional capacity until there is a signed agreement and a credible payment timetable.

A first appeal that can be delivered

Choose a defined service that the team can control: for example, a time-limited rehabilitation and referral programme delivered with an assessed local partner. Avoid opening with a promise to evacuate anyone who requests help. Transport, visas, clinical acceptance, specialist treatment and long-term care involve different organisations and different permissions. An appeal should describe the funded service and its boundaries.

Prepare a one-page case for support containing the unmet need, population, location, proposed response, delivery partners, amount sought, main costs, intended results and an honest account of the uncertainties. Explain that selection will follow clinical and social need. A donor must not be allowed to purchase priority for a relative, a political ally or a more photogenic patient.

An effective public explanation might say: “We are developing a clinically governed programme to help people with serious injuries obtain assessment, rehabilitation and practical support. Assistance will depend on assessed need, safe access and available resources.” This is illustrative wording for an organisation that has reached that stage. A founder who has only an idea should say so plainly and direct initial support through an agreed host charity where appropriate.

The current Code of Fundraising Practice took effect on 1 November 2025. Its standards apply to charitable institutions and third-party fundraisers across the UK. Fundraising must be accurate, respectful and supported by evidence; donors must be able to end an interaction without pressure. Do not claim that every pound buys treatment if payment processing, safeguarding, coordination or administration also require funding. These are legitimate costs when properly authorised and explained. [FR01] [FR02]

Build several sources of income

Method	Sensible first use	Main discipline
Founding supporters and diaspora networks	Pay for a modest, costed pilot and necessary setup	Give the same written information to everyone; record gifts and restrictions
Monthly donations	Support predictable coordination and follow-up costs	Budget for cancellations and payment failures; report progress regularly
Professional educational event	Introduce the programme to colleagues and raise a manageable surplus	Keep educational claims, sponsorship and fundraising accounts clear
Community dinner, concert or sponsored challenge	Broaden participation beyond clinicians	Set a spending ceiling and cancellation decision before booking
Business support	Seek a defined cash contribution, matched giving or useful professional service	Assess the donor, contract and reputational implications
Trust and foundation grants	Develop a proven programme or a particular organisational capability	Apply only where the activity, country and applicant satisfy the rules

These routes serve different purposes. A one-off gala cannot safely underwrite a permanent employee unless sufficient unrestricted funds or another reliable income source are available. A restricted surgical grant cannot automatically pay general website costs. Keep the fundraising plan connected to the cash-flow forecast and fund accounting described elsewhere in this book.

Start with a supporter map rather than a mass mailing. Identify groups already connected to the purpose: professional colleagues, alumni, community associations, businesses, cultural groups and people with relevant lived experience. Allocate a relationship owner to each potential supporter. The aim is a clear conversation and a suitable next step, not repeated requests from several trustees to the same person.

For an Iranian diaspora audience, use both English and Persian where useful, with the same material promises in each language. A translation must not introduce stronger claims about casualties, treatment access or organisational readiness. Offer a way to support privately. Publicly identifying a donor, clinician or beneficiary can have consequences for their relatives or professional relationships.

Events: calculate the surplus before booking

Agree the purpose of the event: raising money, developing relationships, recruiting volunteers, education or some combination. Then give each purpose a measure. An evening attended by 100 people may be useful even if its financial return is modest, but the trustees should know that before accepting expenditure.

The following is a planning example, not a quotation or forecast. An event sells 100 tickets at £40, receives £1,000 of sponsorship and pays £2,500 for venue, food, equipment, insurance and other costs. Income is £5,000 and the cash surplus is £2,500 before any omitted tax or payment charges. If only 60 tickets sell and sponsorship fails, ticket income is £2,400: the same event loses £100. An event organiser should show both cases and identify the point at which commitments become non-refundable.

Use a written event plan with an accountable lead, budget, booking terms, risk assessment, accessibility arrangements, first-aid provision, safeguarding arrangements and volunteer briefing.

Check the venue's permissions, alcohol and entertainment requirements, food responsibilities and insurance; do not assume a venue's cover automatically protects the organiser. Confirm exactly what any sponsor receives and who approves their branding. Publicise the organiser's identity and the intended use of the proceeds.

HMRC provides a specific tax and VAT framework for qualifying fundraising events. A charity label does not make every transaction exempt. Among the VAT conditions, the limit is generally 15 events of the same kind at the same location within a financial year; a programme of 16 or more can lose the exemption for all those events. Obtain advice on the actual event structure, ticket sales, sponsorship and any trading subsidiary before fixing prices. Do not automatically add Gift Aid to tickets, raffle purchases or payments carrying benefits. [FR03]

After the event, reconcile the ticketing system, card receipts, cash, invoices and refunds. Report gross income, costs and net funds available. Thank volunteers as well as donors. Record which activities were worth repeating and which consumed disproportionate clinical or administrative time.

Door-to-door and street collections

Knocking on doors is possible, but it is a regulated activity and is rarely the easiest first project for a small clinical team. The charity must identify the collection method and the authority responsible for the area before advertising or collecting. Cash, goods, direct-debit recruitment and collections on private premises can have different rules.

In England and Wales, local authorities commonly handle house-to-house and street permissions, with separate arrangements in London. Scotland's public charitable collection rules are administered by local authorities. In Northern Ireland, police licensing and relevant exemption arrangements must be checked. A house-to-house exemption is not a general exemption from street-collection requirements. The Metropolitan Police, for example, distinguishes street cash collections from direct-debit recruitment; local site-management rules may still apply. [FR04] [FR05] [FR06] [FR07]

The Code requires respect for no-cold-calling signs and zones. Its standard door-to-door times are 9am-9pm Monday to Saturday and 10am-9pm on Sundays and public holidays, subject to the applicable permission or agreement. Street fundraising has different standard hours. Never treat these maximum windows as a target: a small volunteer charity can choose shorter daylight sessions. Check collector age limits and all permit conditions. Identify collectors clearly and record the issue and return of official materials. [FR08]

For a first collection, appoint one collection lead and one finance lead. Give volunteers a short script explaining the programme and how donors can verify the organisation. Provide a clear complaints route, an escalation contact and a way to decline unsafe situations. Train collectors to leave immediately when asked, avoid arguments about politics or religion and decline requests for personal medical advice. Set a no-entry rule for volunteers even where an invitation might legally allow entry; it is a reasonable internal safeguard for a small organisation.

Use numbered sealed containers where required, controlled card terminals and a documented handover. Arrange counting by two people, signed count sheets and prompt banking. Do not reimburse expenses by removing cash from a collection tin. Reconcile the gross collection separately from authorised expenses and submit any required licensing return. A volunteer should never need to use a personal account to hold the proceeds.

Raffles and lotteries

In Great Britain, an incidental non-commercial lottery at an event can be run without a Gambling Commission licence if its conditions are met. That does not mean that any raffle advertised alongside an event qualifies. Online ticket sales, including social-media sales, require the appropriate lottery registration or licence. The Commission's guidance distinguishes the different forms; follow the rules for the actual arrangement before selling tickets. Northern Ireland has a separate gambling regime, so do not apply Great Britain guidance there unchanged. [FR09] [FR10] [FR32]

For a new charity, an event without a raffle may be entirely sufficient. If including one, appoint a competent organiser, settle the permitted sales method, age restrictions, ticket information, prizes, expense limits and records first. A donated prize should not create an undisclosed commercial endorsement or a clinical conflict of interest.

Online donations and corporate partnerships

Choose a payment or fundraising platform by checking its published acceptance rules and then obtaining confirmation that the intended countries and activities are supported. UK charity registration does not guarantee that a processor will support payments connected with Iran. Ask about identity checks, sanctions screening, fees, settlement delays, refunds, chargebacks, donor information, Gift Aid services, account access and exit arrangements. Do not start a public campaign until the receiving account and settlement path have been tested through the organisation's authorised process.

Explain whether a donation is unrestricted, restricted to a programme or collected by an existing charity acting as host. State the legal recipient, registration details where applicable and what happens if the stated activity cannot proceed. The Charity Commission's England and Wales guidance requires donations to a specific appeal to be used for that purpose; failed appeals can require statutory procedures. A carefully drafted secondary purpose agreed before launch can reduce later difficulty, but it is not permission to disregard restrictions already accepted. [FR11]

For corporate fundraising, distinguish an ordinary donation, sponsorship with commercial benefits and a promotion linked to sales. For example, a business promising to give part of every sale to the charity may be a commercial participator. Professional fundraisers and commercial participators can trigger statutory written-agreement and disclosure requirements. Trustees retain oversight when work is outsourced; a contract is the beginning of monitoring. [FR12]

Accepting useful services can be as valuable as cash: accountancy, translation, accessible design, meeting space or lawful logistics advice. Specify the deliverable, confidentiality, insurance, intellectual property and any publicity rights. A gift of unsuitable equipment that cannot be maintained may cost the charity more than it saves. Clinical procurement and referral decisions must remain independent of donations from manufacturers, hospitals or individual clinicians.

Donor communications and privacy

Maintain a donor register that records the source of the contact details, relevant consent or other permitted marketing route, preferences, restrictions and complaints. Separate treatment records from fundraising records. Patients and relatives should never feel that donations, publicity or a testimonial are conditions of receiving help.

Electronic fundraising messages are direct marketing. Since 5 February 2026, the charitable-purposes soft opt-in can permit electronic mail without prior marketing consent, but only if all its conditions are met. The charity must obtain contact details directly on or after that

date through an expression of interest or support; the message must further its own charitable purposes; and a simple opt-out must be offered at collection and in every subsequent message. Third-party lists and old records do not become eligible retrospectively. Where the exception does not apply, use an appropriate compliant route, usually valid consent for marketing to individual subscribers. The UK GDPR lawful basis and transparency obligations also require attention. [FR13]

Do not assume that someone asking for emergency assistance is expressing a wish to receive fundraising messages. The Fundraising Regulator's 2026 guidance emphasises the need to assess people's circumstances and rights; it also explains that the charity cannot rely on this soft opt-in merely because a separate lottery operator collected an address. Keep a suppression record so that opt-outs and Fundraising Preference Service requests are respected. Obtain specialist advice for telephone campaigns, bought data or complex joint campaigns. [FR14]

Use aggregate results in routine updates: referrals assessed, people supported, treatments completed, rehabilitation follow-up, expenditure and unresolved barriers. A person may agree to clinical care while refusing publicity. Even a consented photograph or story can disclose location, family connections or political association. Give dignity and safety priority over the emotional force of an appeal.

CHAPTER 8

Finding funders and writing a credible application

The useful question is not “Who gives money?” It is “Which funder is authorised and willing to support this applicant, this activity, in this country, at this stage?” A famous foundation can be less relevant than a small trust with an appropriate remit. A funding directory is a set of leads to verify; it is not a list of promised supporters.

The directory below was checked against official published information on 14 October 2026. “Overseas work eligible” does not confirm that a particular Iran programme will be accepted. Country restrictions, banking, sanctions, safeguarding, clinical delivery and the applicant's financial history still need assessment. Do not incur project expenditure on the assumption that an application will succeed.

Prospects for international work

Souter Charitable Trust

The Trust supports relief of human suffering in the UK and overseas through UK registered charities. Its Christian emphasis is explicit but not exclusive. It excludes capital building or renovation and the personal health or educational needs of individuals; a programme application must not disguise a single person's medical bill. Typical awards are £1,000-£3,000. The published route is its online application, with trustee meetings normally monthly. At the checking date the next deadline was 22 October 2026; later readers should use the current date on the site. This is a prospect to assess for a suitable charitable programme, not confirmation of Iran eligibility. [FR15]

Official route: <https://www.soutercharitabletrust.org.uk/how-to-apply>

The Fore

The Fore explicitly permits overseas charitable activities where the organisation is based and appropriately registered in the UK. Its income ceiling is below £500,000 in the previous completed financial year, and pending registrations are not eligible. It offers unrestricted grants of up to £45,000 over one to three years, intended to produce a meaningful organisational change. Registration for a funding round precedes any full application, and places can be allocated randomly when demand exceeds capacity. Autumn 2026 registration was closed at the checking date. A request for stronger governance, coordination or sustainable delivery may be more appropriate than an undifferentiated emergency appeal, but selection remains competitive. [FR16] [FR17] [FR18]

Official route: <https://thefore.org/apply-for-funding/>

Waldensian Church: Otto per Mille

The 2026 guidelines allowed international non-profit associations to seek support for work outside Italy, including healthcare, rehabilitation and humanitarian emergencies. Applicants had to have existed for more than two years and provide the specified financial statements. The 2026 call closed on 30 January 2026; it is a planning lead for a future published call, not a currently open application. Submission is through the JUNO platform in English or Italian. A new founder may need to build experience first or participate through a genuinely responsible eligible lead organisation. Review the next guidelines for country eligibility, partner rules, documentation and reporting before preparing a proposal. [FR19]

Official route: <https://www.ottopermillevaldese.org/english-version/>

UN Voluntary Fund for Victims of Torture

This is a specialist route for organisations providing direct assistance to torture survivors and their families. It is not a general fund for everyone injured during unrest. Clinical and legal eligibility must be assessed carefully without collecting more sensitive information than necessary. Published material covers medical, psychological, social and other direct assistance. The eGrants system states an annual application window of 15 January-1 March; projects, experience requirements, co-funding and direct-delivery rules must be checked against the current call and guidelines. An emergency route exists under separate conditions; it is not an automatic fast-track grant. An experienced specialist partner may be the credible applicant while a new group builds its own capability. [FR20] [FR21]

Official route: <https://www.ohchr.org/en/about-us/funding-and-budget/trust-funds/united-nations-voluntary-fund-victims-torture>

Application system: <https://grants.ohchr.org/>

Rotary: a partnership route

Rotary Foundation grants support member-led humanitarian projects. Global grants involve Rotary sponsors and a sustainable, measurable project; the published minimum project budget is US\$30,000. A new charity should begin by discussing a defined project with a relevant Rotary club, rather than sending a generic grant request to the Foundation. The host-country arrangements and Rotary's current country, travel and grant conditions need confirmation. Do not assume that an Iran project is eligible or that a neighbouring-country treatment pathway will qualify merely because a club exists there. Local club support and a Foundation global grant are different decisions. [FR22] [FR23]

Official route: <https://www.rotary.org/get-involved/our-programs/grants>

Specialist referrals and funding opportunities to monitor

Front Line Defenders: individual protection needs

Protection Grants can include medical expenses for human rights defenders harmed because of peaceful human rights activity and certain family assistance. The published maximum is €7,500, with a secure application route and Farsi among the accepted languages. This is not an operating grant for a new international medical charity. The published exclusions include international organisations, retrospective expenses, general living costs and costs for defenders already in exile. A possible referral requires the person's informed agreement and a safe contact method. Do not publish a case or contact the organisation on someone's behalf without authority. [FR24]

Official route: <https://www.frontlinedefenders.org/en/programme/protection-grants>

FCDO and government grant portals

The International Development Funding finder and Find a Grant service are official starting points for published opportunities. Filter by country, applicant type, objective and closing date, then read the underlying call. They are search tools, not standing offers to fund a new charity. No currently open, suitable Iran trauma programme has been established by inclusion here. Historical programmes can persist in search results: UK Aid Direct's own website states that all its projects have ended and that the site will no longer be updated. [FR25] [FR26] [FR27]

Official routes: <https://www.gov.uk/international-development-funding> and <https://www.find-government-grants.service.gov.uk/>

Comic Relief

Comic Relief funds work addressing poverty and injustice, but eligibility is determined by individual opportunities. Its official funding-opportunities page showed no live opportunities at the checking date. Monitor the page and apply only when the published geography, purpose and organisation criteria match. An international reputation does not establish an open Iran medical-relief funding route. [FR28]

Official route: <https://www.comicrelief.com/funding/funding-opportunities/>

UK work must be distinguished from overseas work

An Iranian-focused charity may also help people lawfully living in the UK through social support, navigation, peer support or rehabilitation partnerships. That can open different funding routes, but a UK application must genuinely fund the UK project described. Do not use a domestic grant as a route to transfer restricted funds abroad.

Funder or programme	What the checked information permits	Implication for this charity
National Lottery Awards for All England	Projects in England; £300-£20,000 for up to two years	Consider an eligible community project in England; this is not funding for treatment in Iran or neighbouring countries [FR29]
Garfield Weston Foundation	UK work, with a stated exception for UK Overseas Territories; at least one year's charitable accounts	Not a route for the proposed overseas programme; assess any distinct UK activity against all exclusions [FR30]
James Tudor Foundation	Open applications require UK service delivery and at least five years' registration; its international programme does not accept applications	Neither a day-one startup prospect nor an unsolicited route for overseas trauma work [FR31]

These exclusions are useful information. Recording “not suitable” saves repeated research and prevents well-meaning volunteers from submitting inappropriate applications.

Become grant-ready before asking for a large award

Create a controlled due-diligence folder: governing document and registration evidence; trustee and management roles; current accounts or clearly labelled startup budget; bank verification; reserves and cash-flow position; safeguarding, complaints and financial controls; partner assessment; clinical governance arrangements; programme budget and monitoring plan. Restrict access to identity documents, banking records and sensitive partner information. A public fundraising page is not the place for the complete file.

The board should approve a short funding policy describing unacceptable conditions, permitted restrictions, reputational considerations and responsibility for accepting grants. A donor may reasonably require reporting and cost controls. A donor should not select recipients through personal preference, demand unnecessary patient records or insist on publicity that places people at risk. Explain proposed compromises to the board before acceptance, not after the money has arrived.

Keep a prospect register with the funder, verified URL, check date, eligibility conclusion, amount range, deadline, relationship owner, application status and next action. Add reasons for rejection, reporting obligations and restrictions. Three well-matched applications with complete evidence are preferable to thirty letters copied to unrelated foundations.

Write the programme before writing the application

Describe the problem in terms the charity can change. “Serious injuries are causing unmet rehabilitation needs” is a starting statement. The application then needs local evidence: which people are missing care, how referrals are identified, what existing providers can do and where the proposed service fills a gap. Distinguish estimates, observations and verified records. Do not inflate casualty figures to strengthen an appeal.

Describe the sequence from referral to assessment, acceptance, treatment or referral onward, follow-up and closure. State who holds clinical responsibility. A visiting surgeon's willingness is not a complete service: rehabilitation, nursing, interpretation, transport, social needs and safe follow-up can determine whether an intervention is useful.

Show a costed budget with quantities and assumptions. Include necessary coordination, insurance, safeguarding, translation, monitoring, financial controls and a justified contingency where the funder permits it. Explain exchange-rate assumptions and who bears an adverse movement. Identify confirmed income separately from pending applications and aspirational pledges. The same cost must not be claimed from two funders.

Measure outputs and outcomes separately. An output could be completed assessments or rehabilitation visits. An outcome could be improved functional independence measured with an appropriate tool and meaningful follow-up. Do not promise a specific recovery rate before the case mix and delivery pathway are known. Include patient feedback and a safe complaints mechanism, not merely photographs and attendance counts.

Explain what happens if the grant is smaller than requested, delayed or refused. A modular pilot may be resized safely; half a surgical pathway may leave a patient without aftercare. Identify the minimum viable service and the conditions under which trustees will decline to start. Describe continuation or safe closure after the grant ends.

Template: a first enquiry

The following is an unsent template. Use it only where a funder invites enquiries; an online-only application should use the prescribed form.

Dear [grants team],

I am writing on behalf of [legal organisation name, registration number and location] to ask whether our proposed [programme] appears to fit your current criteria. We propose to support [defined beneficiary group] in [country and locality] through [specific service], working with [assessed partner and its role].

Our evidence of need is [brief, sourced statement]. The proposed [duration] programme would deliver [realistic outputs], with [clinical lead] responsible for clinical governance and [role]

responsible for safeguarding and financial oversight. Selection would be based on need, independently of political or religious affiliation.

The total budget is [amount and currency]. We have [confirmed funding] and would seek [request] for [eligible costs]. Our organisation has [accurate track record]; where our experience is limited, we will [credible arrangement]. We have identified [main delivery and country risks] and will not begin until the required controls and permissions are in place.

If this is within scope, please let us know the appropriate application route and any particular country or organisational requirements. We can provide a short concept note, budget and governance documents through your preferred secure process.

Yours sincerely,

[authorised name, role and organisational contact]

Template: one-page concept note

Use the following headings and replace every bracketed field with checked information. This is a planning template, not an assertion that the programme or charity already exists.

1. Project: [name, country, locality, proposed start and duration].
2. Need: [what is known, evidence date, affected population, gap in existing provision].
3. People served: [eligibility criteria, estimated number, referral and independent selection process].
4. Response: [assessment, treatment/referral, rehabilitation, social support and follow-up, with boundaries].
5. Delivery: [UK accountable body, local partner, licensed clinical provider, named governance roles].
6. Results: [outputs, clinically meaningful outcomes, feedback and follow-up methods].
7. Safeguards: [confidentiality, consent, safeguarding, sanctions/banking checks and incident escalation].
8. Budget: [total, amount requested, confirmed co-funding, permitted overheads and contingency].
9. Risks: [three most important uncertainties, mitigation and decision to stop or adapt].
10. Continuation: [handover, follow-up commitments, sustainability or funded closure].

Before submission, ask someone outside the clinical team to read the proposal. They should be able to explain what will change, what it costs, who is accountable and why the organisation can deliver it. Keep the final submitted version and its attachments. If the award arrives with different conditions, obtain approval before accepting them, and enter reporting dates and restrictions into the charity's working calendar and accounts.

CHAPTER 9

Keeping the books clear: money, funds and HMRC

The purpose of bookkeeping is to preserve a reliable account of promises and decisions. A donor should be able to understand what their gift supported. Trustees should know what they can afford before accepting another patient. The treasurer should be able to trace a payment without searching through the founder's private messages.

Build a modest system that everyone follows

The Charity Commission's financial-controls guidance makes all trustees responsible for financial oversight, even when detailed work is delegated. Controls should match the charity's activities and risks, protect assets, support accurate records and be reviewed regularly. Bank accounts should be in the charity's name, with clear authority for their use. [GV08]

For the proposed pilot, adopt the following working arrangement as a board policy, adjusted to the final structure and banking facilities:

- Each receipt or payment receives a unique transaction reference and fund code.
- The person requesting payment attaches the invoice, purpose, approval and relevant case or project reference.
- A second, unconflicted person verifies the payee and authority. Changes to bank details are checked through an independently established contact route.
- Payment approval is separate from creation of the request. Online banking permissions reflect the agreed process.
- A person who did not initiate the transactions reviews the monthly bank reconciliation and unresolved items.
- Board papers show actual spending, budget, cash, restricted balances, unpaid commitments and forecast obligations.

Use organisational accounts, individual logins, multifactor authentication and a controlled handover when someone leaves. Do not share one bank password among trustees. Keep clinical identity information outside the finance ledger: a case number is usually enough for the bookkeeper, with the link to the clinical file accessible only to authorised staff.

For the England-and-Wales example, keep accounting records for at least six years. Check whether tax, grant, employment or other obligations require longer retention, and record clinical-data retention separately. [GV10]

A spreadsheet may be adequate initially if it is backed up, access-controlled and reconciled. Complexity rises quickly with multiple currencies, payroll, grants and different restrictions. Choose an accountant with relevant charity experience before designing a system that cannot produce the required accounts.

A bank balance is not an available budget

Three distinctions matter. Unrestricted funds can support any of the charity's purposes. Restricted funds must be applied to the narrower purpose that legally governs the gift. Designated funds are unrestricted funds that trustees have earmarked for a planned use; they are not made donor-restricted by that internal decision. Restricted money is not part of freely available reserves. [GV09]

Avoid appeals so narrow that they prevent sensible care. If an appeal promises only a particular person's operation, cancellation or excess funding can create difficult questions. Agree lawful wording for unmet targets, surplus and changed circumstances before accepting gifts. Do not retrospectively rewrite the donor's terms.

The following fictional cash exercise illustrates fund tracking. It is not a set of statutory accounts. Assume no opening balance, no tax reclaims received, no debts, and no investment or foreign-exchange transactions. The restricted appeal permits rehabilitation costs only.

Transaction	Unrestricted receipt	Restricted receipt	Unrestricted payment	Restricted payment
Founder and professional gifts	£4,000	£0	£0	£0
Rehabilitation appeal	£0	£6,000	£0	£0
Event ticket receipts	£2,000	£0	£0	£0
Event venue and catering	£0	£0	£650	£0
Website, insurance and administration	£0	£0	£550	£0
Verified rehabilitation provider payments	£0	£0	£0	£2,400
Translation outside the appeal restriction	£0	£0	£300	£0
Total	£6,000	£6,000	£1,500	£2,400

Total cash received is £12,000. Total cash paid is £3,900. The bank balance is therefore £8,100: £4,500 unrestricted and £3,600 restricted. The event raised £1,350 after its direct £650 cost, but the records still show £2,000 receipts and £650 costs separately.

Now assume the board has promised another £2,000 of rehabilitation support and owes an unrestricted £500 invoice that has not yet been paid. The bank still holds £8,100, but only £1,600 of the restricted cash is uncommitted and only £4,000 of the unrestricted cash is available before other plans. These commitments belong in the management report; their treatment in statutory accounts depends on the applicable accounting basis and recognition rules.

Finally, if trustees designate £1,000 for a planned equipment replacement, that amount remains within unrestricted funds. The ledger must not incorrectly increase total funds by £1,000. This exercise is worth repeating at a board meeting until every trustee can explain the arithmetic.

Monthly reporting and reserves

Keep a short monthly finance pack: reconciliation, income and expenditure against budget, fund balances, unpaid bills, grant conditions and a rolling cash forecast. Record the reason for significant differences. If a promised grant has not arrived, do not spend as though it is cash. Financial difficulty needs early action, including reducing or delaying commitments where necessary. [GV10]

A suggested board dashboard contains six numbers: cash in bank, cash legally available for general purposes, committed care costs, overdue partner evidence, forecast operating runway and the largest income dependency. Add a narrative where numbers conceal a risk. A £10,000 bank balance is not comforting if £9,500 belongs to a restricted programme and an unrelated £2,000 bill falls due tomorrow.

Set reserves around actual risks: essential administration during a funding interruption, completion of accepted care commitments and an orderly closure if needed. There is no universal “three months” answer. Explain the target and any shortfall. A contingency line for uncertain programme costs is not automatically the same thing as free reserves. [GV09]

Accounts and reporting: check the nation and the accounting period

The following summary was checked for this edition on 14 October 2026. It is an orientation for small charities, not a substitute for advice on the chosen structure, group accounts, cross-border registration or a governing document or funder that requires stricter scrutiny.

Regime	Accounts and independent scrutiny	Routine regulator deadline
England and Wales: financial years ending on or after 30 September 2026	Eligible non-company charities, including CIOs, may use receipts and payments accounts at income of £500,000 or less. Independent examination is normally required above £40,000; a professionally qualified examiner above £500,000. Audit is required above £1.5 million income, or where income exceeds £500,000 and gross assets exceed £5 million. Charitable companies prepare accruals accounts. [GV11]	Generally 10 months after year end. CIOs submit annual returns, accounts and reports regardless of income. Other registered charities have income-related submission requirements. [GV12]
Scotland	Eligible non-company charities below £250,000 may use receipts and payments accounts. All charities require external scrutiny. For periods starting on or after 1 January 2026, the charity-law audit income threshold is £1 million; for fully accrued accounts, gross assets above £3.26 million can also require audit. Company-law and other requirements may apply. [GV13] [GV14]	Annual return, accounts, trustees' report and scrutiny report within 9 months. [GV13]
Northern Ireland	Eligible non-company charities at £250,000 or less may use receipts and payments accounts. Registered charities require independent scrutiny. Above £250,000 and up to £500,000, independent examination requires a person from a specified professional body; above £500,000, audit is required. [GV15]	Annual monitoring return and required documents within 10 months; the duty begins with the first full financial year after registration. [GV16]

The September 2026 England-and-Wales increases do not change every filing threshold. For example, the general thresholds of income over £10,000 for an annual return and over £25,000 for submission of the trustees' report and accounts remain; CIOs have their own all-income filing requirement. Do

not use the new £40,000 examination threshold as a reason not to file documents that are due. [GV11] [GV12]

Where accruals accounts are prepared under the Charities SORP, the 2026 SORP applies to reporting periods starting on or after 1 January 2026. This period-start test differs from the period-end test for the new England-and-Wales financial thresholds. An independent examination is not an audit and should not be described as one in publicity. [GV17]

HMRC recognition and Gift Aid

Registration with a charity regulator and recognition by HMRC serve different purposes. Apply to HMRC for charitable tax recognition through its official service, using the organisation's actual governing and financial information. Charitable relief is conditional: use of income for non-charitable purposes or non-qualifying income can create tax liabilities. [GV18] [GV19]

Gift Aid can add 25p for each eligible £1 given by an individual. The donor must have paid enough UK Income Tax and/or Capital Gains Tax to cover Gift Aid claimed on their relevant donations and must make a valid declaration. Thus a qualifying £100 donation can produce £125 for the charity. It is not a general 25% bonus on all income. [GV20]

Event tickets, payment for services and company donations do not qualify as ordinary individual Gift Aid donations. A genuinely optional extra gift at an event may qualify if the conditions are met. Donor benefits can affect eligibility. Do not claim Gift Aid merely because a payment is labelled a “donation”. [GV21]

Use HMRC's current declaration wording and retain the required audit trail linking donation, donor and declaration. Declarations must be kept for six years after the most recent donation on which Gift Aid was claimed. Configure the donation form to capture the required donor details accurately rather than reconstructing them later. [GV22]

Assign one person to prepare claims and another to review samples against the bank and declarations. Keep rejected or corrected claims visible. Forecast Gift Aid conservatively, especially before recognition and a working claims process. The author's draft pilot sensibly treats it as additional potential income rather than money already available to spend.

Tax is wider than Gift Aid

Complete a tax return when HMRC requires one, even if no tax is due. If non-qualifying income creates tax to pay, a return is required. The applicable return depends on the legal form. The charity regulator's annual return is a different document. [GV23]

Charity status does not create a blanket exemption from VAT. Genuine gifts without a supply in return are generally outside its scope; sales, sponsorship and services need separate analysis. Exempt healthcare supplies and zero-rated purchases are different concepts, and exemption can restrict recovery of input VAT. Take advice before charging for medical services or promising donors that equipment is “VAT-free”. [GV24]

Trading that directly carries out charitable purposes differs from unrelated commercial trading used to raise money. HMRC provides a small non-primary-purpose trading exemption with limits linked to gross annual income: £8,000 at the lowest band, then 25%, up to a maximum of £80,000. It is not a universal £80,000 tax-free allowance. Larger or riskier trading may warrant a properly structured subsidiary and specialist advice. [GV25]

If the charity pays staff, assess employment status, payroll, pension and employer duties. Calling someone a volunteer or consultant does not settle their legal status. For a beginner founder, the useful question is not “Are charities tax exempt?” but “What is this particular receipt or activity, and what rules apply to it?”

CHAPTER 10

Building a trustworthy humanitarian network

An overseas programme succeeds when a patient can move through a reliable chain of care. A list of sympathetic surgeons is only one part of that chain. The charity also needs people who can verify a referral, arrange lawful payment, interpret accurately, obtain hospital acceptance, provide rehabilitation and respond when something goes wrong.

The author's proposed humanitarian trauma foundation charter already recognises this sequence: define the need, verify the partner, approve clinical and operational safeguards, set a budget, deliver, and evaluate. These are useful founding principles, not evidence that the proposed foundation is registered or authorised to treat patients. This chapter turns those principles into a working method.

Start with the need and the existing response

A clinician's understandable wish to operate should be tested against what patients actually need. An injured person may need an operation, but may instead lack transport to an existing service, an affordable diagnostic test, a suitable prosthesis, physiotherapy, safe accommodation or income during recovery. Ask local patients and practitioners where the pathway fails. Do not assume that a service is absent because its staff or facilities are unfamiliar to a UK visitor.

Prepare a short needs assessment before proposing a programme. Identify the affected population; the unmet health or social need; services already available; barriers to using them; the charity's specific contribution; and the foreseeable consequences of its withdrawal. Record the date, information sources and uncertainty. Where population figures are contested, plan a bounded pilot around verified referrals rather than advertise a precise national caseload.

Choose an initial intervention that the organisation can sustain. Funding ten independently assessed rehabilitation packages through one accountable partner may be a better first programme than promising an international evacuation service. The proper comparison is the benefit, risk and full cost of each option, not its publicity value.

Need determines eligibility

Humanity, impartiality, neutrality and independence provide a respected humanitarian framework. They are central to the International Red Cross and Red Crescent Movement; a new organisation can draw on them without claiming membership, endorsement or the right to use protected emblems. Impartiality means that assistance follows need. Neutrality protects the ability to help people across a conflict; independence protects humanitarian decisions from political or other outside control. [OV01]

An Iranian doctor's concern for Iranian civilians can therefore motivate a geographically focused programme. Within its lawful objects and defined beneficiary group, clinical urgency, vulnerability and likely benefit should determine priority. A referral form should not ask applicants to endorse a movement, reject a religion or demonstrate loyalty to a founder. Bereaved families and people disabled by violence may have legitimate needs even when their political opinions are unknown.

The founder may express personal views on human rights and Iran's future. Those views should not become a bedside test for assistance. Agree who speaks for the charity, what evidence is needed

for public statements, and how communications will avoid exposing patients or local colleagues to retaliation. Advocacy about access to care and documented harm should follow the charity's objects and the legal framework described elsewhere in this book.

Build the network by function

For each proposed country, appoint one accountable programme coordinator and a deputy. Build a small multidisciplinary group around them: a local clinical lead, nursing and rehabilitation contacts, a safeguarding contact, a finance or contracting contact, and a person able to obtain qualified local legal and immigration advice. Establish a route to psychological and social support. Every person should know which decisions they can make and which must return to the trustees.

A founding surgeon should not become the only person who knows the patient, approves eligibility, selects the hospital and authorises its invoice. Personal friendships can open doors, but the organisation must retain a record that another competent person can understand and review. Professional respect is a starting point for verification, not its replacement.

Network function	Evidence to obtain	Question that prevents later failure
Referring clinician	Identity, registration, place of practice and reliable institutional contact	Who is responsible for urgent deterioration before acceptance?
Receiving hospital	Legal identity, service licence, named consultant, scope, quotation and complaints route	Who pays for complications, additional surgery and prolonged stay?
Rehabilitation provider	Competence, staffing, accessible premises and a continuity plan	Who follows the patient when the surgical team leaves?
Case coordinator	References, training, confidentiality agreement and supervision	Who can cover absence without losing the case history?
Interpreter	Language competence, confidentiality and independence from the dispute	Can the patient discuss sensitive matters without family or political pressure?
Payment and logistics partner	Ownership, bank details, lawful permissions and verifiable delivery records	Can the charity trace both payment and final benefit?

These are proposed management controls. They should be scaled to the programme, not treated as a substitute for professional or regulatory assessment.

Partner checks that continue after signing

The Charity Commission expects trustees to take reasonable steps to know who they work with, assess risk, and verify that charitable funds reach their intended purpose. Its due diligence guidance addresses donors, partners and beneficiaries; monitoring should be proportionate to the circumstances. Overseas delivery does not remove trustee responsibility. [OV02]

Create a partner file containing legal identity, registration or an explanation of local legal status, decision-makers, ownership or control where relevant, references, financial information, bank verification, programme capability and recent safeguarding concerns. Record conflicts, including any founder's relationship with a hospital or supplier. Obtain an independent check where the proposing trustee has a personal connection. Verify important information directly with an authoritative source or institution rather than relying entirely on documents supplied by the prospective partner.

Use a written agreement before releasing project funds. It should describe the permitted activity, beneficiary criteria, budget, deliverables, payment stages, record access, confidentiality, safeguarding, incident notification, subcontracting, sanctions obligations and termination arrangements. It should also identify how essential patient care will continue if funding is paused. A clause giving the charity a right to inspect accounts is ineffective if nobody is assigned to exercise it.

Start with a limited pilot and defined review date. Compare agreed outputs with referral records, invoices and a small sample of independent confirmations. Where contacting beneficiaries could endanger them, agree a safer verification method with an experienced protection adviser. Photographs of vulnerable people are not a default receipt for humanitarian aid. An unexpected bank-account change, unexplained cash demand or refusal to supply basic evidence should trigger review before the next payment.

A practical partner scorecard

Use three decisions: approve within a defined scope; approve subject to recorded conditions; or defer/decline. Avoid a numerical score that allows good publicity to cancel out an unresolved clinical or legal defect. A hospital with excellent surgeons but no lawful payment route is not ready for this project. A trustworthy volunteer with no appropriate safeguarding supervision is not ready to escort an unaccompanied child.

Review partners at renewal, after a serious incident and whenever ownership, leadership, banking or the operating environment changes. Keep an exit plan: alternative treatment providers, custody of records, outstanding liabilities and communication with patients. The board's willingness to end an unsafe partnership is as important as its ability to recruit one.

CHAPTER 11

Patient pathways, clinical governance and protection

The charity must decide whether it funds care, coordinates access, advises clinicians or provides a clinical service itself. These roles can overlap, but their responsibilities should not be blurred. A funding panel decides whether charitable money may be used. A treating team decides which treatment is appropriate with the patient. A clinical advisory group can assess a proposal without assuming that the words "advisory only" erase any responsibility for patient-specific professional advice.

A case pathway from referral to recovery

The following pathway is a proposed operating model for a small charity. It does not replace emergency services or clinical triage. People with urgent deterioration need an appropriate local emergency assessment; a charity application inbox must not be advertised as an emergency department.

1. Receive the minimum information needed to understand the request, with an explanation of privacy and the service's limits. Allocate a case identifier and accountable coordinator.
2. Verify the referral and immediate clinical responsibility. Establish how the applicant can be contacted safely and whether an interpreter or safeguarding support is needed.
3. Obtain a proportionate clinical assessment and identify realistic alternatives: local treatment, regional referral, remote professional support, rehabilitation or social assistance.
4. Apply the published eligibility and prioritisation criteria. Record reasons, conflicts, funding limits and an accessible review route.
5. Obtain receiving-provider acceptance, a defined treatment plan and complete cost estimate. Confirm consent, permissions, lawful payment and arrangements for foreseeable complications.
6. Release funding or approve transfer only when the responsible people have signed off the relevant clinical, legal and operational conditions.
7. Confirm delivery and review recovery, adverse events, remaining needs and expenditure. Close the case with a documented handover or a continuing-care plan.

A case register should show status, responsible person, next action and due date. A separate restricted clinical record should contain detailed health information. A fundraising spreadsheet should not become the clinical record.

The author's draft humanitarian-support procedures offer useful further safeguards: independent review, coded case files and an appeal considered by people outside the original decision. Adapt these to the charity's approved objects. A potential sanctions-name match should prompt careful human review of identity and the legal position, rather than an unsupported accusation. Likewise, a funding refusal should explain the relevant eligibility or resource reason without judging the applicant's political or moral worth. Automated scoring may assist administration; responsibility for fair decisions remains with people.

Clinical standards and professional boundaries

GMC professional standards require practitioners to work within competence, support informed decisions and protect patients. Seniority in one field does not create competence in another or authority to practise in another country. For remote services to patients overseas, GMC guidance specifically requires consideration of registration requirements and insurance or indemnity in the relevant countries. Remote advice also requires adequate information, consent and continuity arrangements. [OV03] [OV04]

Before a surgeon travels, obtain written confirmation of local registration or the applicable temporary permission, hospital privileges, approved scope, supervision where necessary, and cover for the exact activity and jurisdiction. Check employer permission for leave, use of facilities and any NHS affiliation. A conference invitation or tourist entry permission is not evidence of permission to operate. A colleague's assurance that "everyone does it" cannot resolve the issue.

The receiving organisation should own the local clinical pathway, with a named lead who remains available after visiting volunteers depart. Agree selection meetings, documentation, escalation, infection prevention, access to diagnostics, necessary supporting specialties and postoperative care. Select work that matches the whole service's capacity. The ability to perform an operation does not establish the ability to manage its complications.

WHO's Emergency Medical Team standards offer a reference for organised emergency deployments, including integration with the response system and service capability. A new charity should use established coordination arrangements and competent deployment partners. It should not describe a collection of volunteers as a WHO-classified team unless that status has actually been obtained. [OV05]

Consent when patients have few choices

Explain who the charity is, what it can fund, what remains uncertain and who will provide care. Discuss alternatives, likely burdens, material risks and follow-up in a language the patient understands. A patient desperate for help may hear a tentative possibility as a guarantee; the coordinator should therefore confirm understanding in the patient's own words. GMC consent guidance emphasises dialogue, time and support for informed decisions. [OV06]

Separate consent to care, necessary sharing of records, travel arrangements, photography, publicity and research. Refusal of publicity must not reduce eligibility for care. Explain honestly that material already published online may be impossible to retrieve fully even if permission for future use is withdrawn. Family involvement can help, but it must not automatically replace an adult patient's decisions. Capacity, children's consent and substitute decision-making require the law and safeguards relevant to the situation.

The case coordinator should also explain the financial promise. Does support cover assessment only, a fixed package, a defined period or an approved clinical episode? What happens if the patient cannot travel, treatment changes or recovery takes longer? A written funding agreement cannot justify abandoning a patient; it should make escalation and continuity responsibilities clear before the crisis occurs.

Safeguarding belongs in everyday work

Trustees must take reasonable steps to protect people who come into contact with the charity, including beneficiaries, staff and volunteers. The Charity Commission treats safeguarding as a governance priority, with appropriate reporting and action when concerns arise. [GV06]

Appoint a safeguarding lead and deputy with direct access to the trustees. Establish safer recruitment, references, role-appropriate checks where lawful, training and supervision. A DBS certificate alone is not a complete assessment, particularly for overseas work. Agree professional boundaries, chaperoning and rules against sexual exploitation, demands for favours, abusive behaviour and retaliation. FCDO guidance on safeguarding in the aid sector provides a further framework for addressing exploitation, abuse and harassment. [OV08]

Build reporting arrangements that work for the beneficiary: a language they understand, a person outside the immediate care team and an option that does not require a public complaint. An allegation against the founder must be able to reach an independent trustee. Explain the limits of confidentiality and seek qualified advice where reporting to a local authority could itself create a protection risk, while complying with applicable duties. Preserve evidence securely and arrange necessary support; do not conduct an amateur criminal investigation.

For children, confirm identity, guardianship, consent, accompaniment, accommodation and a safe continuing-care arrangement before travel. Do not improvise private placements with supporters. For adults, assess coercion, trafficking, domestic abuse and disability-related access needs without turning humanitarian assessment into an intrusive political investigation.

Protecting clinical information across borders

Health information is special category personal data. A UK charity must identify an Article 6 lawful basis and a relevant Article 9 condition, together with any applicable UK-law requirements, before processing it. Consent to treatment is not automatically the data-protection basis for every use. The ICO also provides a separate framework for restricted international transfers; an overseas disclosure needs its own assessment of whether those rules apply and how they will be met. [OV09] [OV10]

For this programme, complete a documented assessment of data risks before accepting sensitive referrals. Use role-based access, organisational accounts, strong authentication, secure transfer, device controls and a retention schedule. Separate identifying details from programme statistics where practical, recognising that a case code does not make information anonymous if re-identification remains possible. Limit identity documents to people who genuinely need them for a lawful purpose.

An injured protester's photograph can reveal identity, location, relationships and political inference. Strip unnecessary identifying detail from teaching material and obtain appropriate permission. Do not place passports, unredacted scans or patient histories into open messaging groups, public AI systems or a fundraising campaign. Qualified clinicians should verify translations that affect consent or treatment. Record and practise a response to lost devices, misdirected messages and unauthorised disclosure.

Recovery is part of the promise

Plan rehabilitation when treatment is proposed. Ask about mobility, self-care, communication, pain, mental health, return to education or work, transport and family support. The relevant specialist team should decide the clinical programme. The charity's task is to make the agreed pathway feasible and accountable.

Measure whether the patient reached the next stage of recovery, not just whether money was spent or an operation occurred. Useful programme questions include: was the planned review attended; were necessary aids available; were complications addressed; and did the patient understand whom to contact? Collect only the information needed to answer them. A small complete pathway is preferable to a large number of unfinished interventions.

CHAPTER 12

Cross-border treatment and lawful humanitarian operations

Helping a patient abroad is a chain of separate decisions: clinical suitability, safe and lawful departure, admission to the destination, hospital acceptance, funding, travel support and continuing care. No single document solves all of them. A hospital invitation does not guarantee a visa; a visa does not guarantee admission at a border; and a donation does not guarantee a bank will process a transfer.

A country planning matrix, not a list of approved routes

The locations below are possibilities identified in the author's brief. None is represented as an established charity partner, an available evacuation corridor or a guaranteed treatment destination. Each proposed case needs current advice based on the patient's actual nationality, travel documents, immigration circumstances and clinical needs. FCDO entry summaries largely address British travellers and must not be used as Iranian visa advice.

Location	Questions for a feasibility assessment	Official starting points
Iran	Can an appropriately authorised local provider deliver the required care safely? Can the charity verify benefit, protect identities and make lawful payments?	UK Iran sanctions guidance; competent Iranian health and professional authorities; FCDO Iran advice for UK staff. [OV11] [OV12]
Türkiye (Turkey)	Obtain hospital acceptance and clarify the correct treatment and accompanying-person immigration arrangements. Assess the entire itinerary, not just the hospital city.	Turkish MFA visa guidance distinguishes medical treatment and accompaniment purposes; check current FCDO regional advice. [OV13] [OV14]
Armenia	Confirm permission for the actual passport and purpose; check transfer duration, accessibility, hospital capacity and follow-up.	Armenian MFA visa checker; FCDO advice includes specified border-area warnings. [OV15] [OV16]
Georgia	Confirm lawful entry and any transit permissions separately. Obtain a receiving clinical team and a realistic stay or extension plan.	Georgian MFA consular guidance and e-Visa information; FCDO regional advice. [OV17] [OV18]
Kurdistan Region of Iraq	Clarify the current relationship between regional and federal entry permissions for the proposed itinerary. Verify treatment authority and onward movement.	KRG official visa eligibility service and Iraqi consular authorities; FCDO Iraq advice. [OV19] [OV20]
Federal Iraq	Obtain destination-specific security, hospital and immigration advice. Do not infer that a permission or hospital arrangement elsewhere in Iraq covers this journey.	Iraqi official visa/consular services; FCDO Iraq advice. [OV20] [OV21]
Pakistan	Confirm the appropriate treatment entry process, hospital acceptance, internal transport and a safe complete itinerary.	Pakistan Ministry of Foreign Affairs directs medical-travel enquiries to the official NADRA system; check FCDO regional warnings. [OV22] [OV23]

As checked on 14 October 2026, FCDO advised against all travel to Iran and warned of a very high detention risk for British and British-Iranian nationals. Its Iraq advice distinguished areas subject to all-travel warnings from other areas, and advised against all but essential travel to the Kurdistan Region. These are material constraints on staff deployment, not incidental travel notes. Advice can change rapidly; record the current assessment before every journey. [\[OV12\]](#) [\[OV20\]](#)

Patients already outside Iran may have unresolved asylum or protection concerns. Use appropriately qualified immigration or protection advisers. Do not promise asylum, treat a medical visa as a resettlement route, or require return to danger as a condition of help. The patient needs an honest account of what the charity can support if a planned onward or return journey becomes impossible.

Before a patient travels

Obtain written acceptance from the receiving service, including the named clinical lead, proposed care, required records, booking conditions and an itemised estimate. Confirm who is responsible during each handover. The treating and transport teams must determine fitness to travel, appropriate escort, equipment, carrier requirements and the need for reassessment. A cheaper ticket is not evidence of a safe transfer.

Budget for the full episode: investigations, treatment, implants or aids, inpatient and outpatient care, interpretation, accommodation, a necessary companion, transport, rehabilitation, complications and the patient's next lawful destination. Keep a contingency approved by the board. Identify who can authorise an urgent extension and how that person can be reached outside UK office hours.

Confirm travel and clinical insurance arrangements with the relevant insurer or indemnifier in writing. Specify the patient's pre-existing injury, planned treatment, territories and transport. A routine holiday policy is not a substitute for this review. Sanctions can also affect whether insurance may lawfully be provided in an Iran-connected arrangement; this requires transaction-specific assessment. [\[OV24\]](#)

Do not ask volunteers to improvise border crossings or hide the purpose of travel. If the lawful route, clinical transport or continuing care is unresolved, defer that transfer and reassess local or established humanitarian options.

Sanctions: separate the purpose from the permission

Charitable registration does not exempt a body from financial sanctions. UK sanctions can apply to UK persons and UK-established organisations acting overseas. Check the parties, ownership or control, activity, goods, services, banks and final use. Paying a non-designated intermediary does not resolve a restriction if the ultimate benefit remains prohibited. The UK Sanctions List is a starting point for screening, not the entire legal assessment. [\[OV11\]](#) [\[OV25\]](#) [\[OV33\]](#)

For Iran, read both the 2023 Iran regime and the Iran nuclear regime. New measures effective from 29 September 2026 expanded restrictions, including in financial, trade and transport activity. A plan cleared under an earlier position needs a fresh review. [\[OV26\]](#)

The nuclear regime contains a defined humanitarian exception in regulation 37ZA. Official guidance states that it concerns regulations 12-17 and does not apply to regulations 17A-17D or other measures. Eligibility and conditions matter. A new charity must not assume that describing its project as humanitarian brings it within the exception. Financial and trade licences also have distinct scopes. [\[OV24\]](#) [\[OV25\]](#)

There is a particularly important current banking development. OFSI's policy published on 23 September 2026 applies a presumption of denial to licence applications made by five named designated Iranian banks. It describes narrow exceptional circumstances and states that General Licence INT/2025/7628424 will not be renewed when it expires on 22 October 2026. This is a specific policy, not a declaration that all humanitarian activity is prohibited, but it prevents reliance on an old banking assumption. Recheck the live position before acting. [OV27]

Give the charity's bank a clear programme description early. Ask what documentation it needs and whether it can support the contemplated countries and payment path. Retain the bank's response, but distinguish a bank's commercial willingness from legal permission. Obtain competent sanctions advice for the actual transaction; contact OFSI for financial-sanctions questions and use the current trade-licensing guidance to identify OTSI or ECJU responsibility. Do not begin prohibited activity while hoping a licence will follow. [OV11] [OV25]

A practical transaction file should show the purpose, parties, amount, bank route, goods or services, final beneficiary, screening date, applicable advice and approval. Recheck before release if circumstances change. Where a lawful route cannot be established, hold the payment and consider an experienced intermediary that can lawfully deliver the purpose. Do not split transfers, use personal accounts, misdescribe payments, conceal final beneficiaries or use cash or crypto to bypass a refusal. Other countries' rules may also apply through the parties, goods or financial system; UK permission alone does not determine that question.

Sanctions compliance does not replace the separate duties under UK counter-terrorism law. Include the risk of diversion to proscribed organisations or terrorist activity in partner and payment reviews, and obtain specialist advice where a transaction raises that concern. A sanctions licence does not authorise conduct prohibited by another law. Follow applicable police-reporting duties for beliefs or suspicions of terrorist-financing offences; a serious-incident report to the charity regulator is a separate step. An unconfirmed name match is a reason to investigate, not proof of wrongdoing. [OV34]

Four decisions that cannot be delegated to enthusiasm

Gate	Evidence required before release	If it remains unresolved
Clinical benefit	Named clinical responsibility, feasible treatment and aftercare, valid consent	Reassess the proposed intervention with the responsible clinicians
Legal feasibility	Applicable permissions, sanctions and export assessment, lawful payment and travel	Pause the affected activity and obtain qualified advice
Protection	Safeguarding, confidentiality and security assessment; credible reporting routes	Redesign the programme or use a safer established pathway
Delivery and funding	Accepted provider, complete budget, documented handovers and contingency	Limit commitments to what can actually be supported

These gates are the book's proposed readiness method. Passing one does not compensate for failing another. Record the decision, responsible people, conditions and review date. Reopen it when the patient, partner or operating context changes.

CHAPTER 13

Procurement, equipment and programme logistics

Begin with a request, not a collection drive

A donation is useful only if the receiving service needs it and can use it safely. Ask for a specification and compare local procurement with international shipment. The full cost includes sourcing, inspection, documentation, transport, customs, storage, training, maintenance and disposal. A free machine may impose years of unfunded obligations.

WHO's medical-device donation guidance emphasises planning by donors and recipients, appropriate equipment and the practical requirements for safe use. Its medicine-donation guidance addresses quality and suitability. Use those frameworks with the receiving service rather than treating a container of surplus material as an achievement by itself. [OV28] [OV29]

For equipment, agree the model and intended use, compatibility, power supply, installation, staff training, consumables, spare parts, calibration, servicing and end-of-life arrangements. Check ownership and authority to donate. NHS employment does not give a clinician authority to remove stock or assets. Obtain the owner's formal release and retain the relevant records.

For medicines, work with an appropriately authorised pharmaceutical supply chain. Confirm the recipient's lawful authority, product suitability, remaining usable life, language and labelling, storage and temperature requirements, traceability and recall arrangements. Do not collect patients' leftover prescriptions for redistribution. The pharmacist or authorised supplier should control the technical specification and distribution plan.

Treat export and import as distinct tasks

UK export rules for medicines include product-specific requirements; controlled drugs may require Home Office export licensing as well as any domestic licence. UK restrictions on exporting medicines needed for UK patients must also be checked. Destination-country import permissions, registration, customs and controlled-drug rules require separate confirmation. A donation declaration does not override any of them. [OV30] [OV31] [OV32]

Classify equipment and any related technology against current sanctions and export-control requirements before accepting a shipment commitment. Restrictions may cover more than physical export, including supply from third countries and related services. Obtain competent advice if an item's classification, end use or ultimate destination is uncertain. [OV26]

The shipment file should contain the receiving request, purchase or donation approval, lawful source, item and serial or batch details, permits, packing list, transport documents, insurance where lawful, customs responsibility and named receiving contact. Agree who pays unexpected storage or clearance charges. Use a suitable carrier and require confirmation of receipt, condition and discrepancies. Do not place undeclared supplies into volunteers' luggage to avoid formalities.

A simple stock and delivery record

Record item, quantity, batch or serial number, expiry where relevant, source, location, custodian, dispatch and receipt. Reconcile stock periodically and investigate discrepancies. For high-value devices, confirm installation and useful service; for consumables, confirm appropriate use without demanding unnecessary patient identities. Keep a recall contact and a route for reporting defects.

Plan for interruption. A customs delay, flight cancellation or damaged shipment should have a named response owner. Do not make clinical promises dependent on an unconfirmed delivery. Where maintaining a supply chain is beyond the charity's capacity, funding a capable local or established humanitarian provider may achieve more than organising the shipment itself.

Close the loop with learning

After the pilot, compare actual delivery with the original need and budget. Review patient experience, adverse events, uncompleted care, partner performance, expenditure and staff wellbeing. Record what stopped or slowed delivery as well as what succeeded. Protect individuals when publishing lessons.

Before scaling, ask whether the organisation can manage twice the workload without relying on one exhausted founder. Additional cases require additional coordination, oversight and continuity funding. Growth is justified when the pathway works and patients benefit, not simply when demand or donations increase.

CHAPTER 14

A realistic pilot budget and the first year

Use the existing £20,000 plan as a learning scenario

The author's Drive operations pack proposes a first-year target of £20,000 net cash and support for at least 20 people. The figures below reproduce its proposed allocation as a planning example. They are not confirmed funding, supplier quotations, costs of treatment in any named country or a promise that 20 people can receive surgery.

Proposed use	Amount
Diagnostics, treatment and medicines	£8,500
Rehabilitation, psychological support, prostheses and aids	£4,500
Care-related travel, interpreting and translation	£1,500
Direct beneficiary relief subtotal	£14,500
Case assessment and secure communications	£800
Provider verification and monitoring	£800
Safeguarding, clinical oversight and data protection	£900
Insurance, bookkeeping, filing and payment costs	£1,200
Basic fundraising and digital costs	£500
Board-controlled contingency	£1,300
Total proposed first-year allocation	£20,000

Direct relief is 72.5% of the allocation. The remaining £5,500 comprises £4,200 of support, governance and fundraising costs plus £1,300 contingency. These percentages describe this proposed budget, not a universal standard of efficiency. Proper assessment and follow-up can prevent wasted treatment or serious harm; an artificially low administration figure proves little.

Across 20 people, £14,500 gives an average direct-relief allowance of £725. Some may need a modest rehabilitation or medicine contribution; a complex reconstructive pathway may cost much more. The original £250-£1,500 ordinary assistance range is a proposed case policy, not an estimate of the full cost of trauma care. A case above that range needs a revised funding or referral plan, not an undocumented raid on another beneficiary's allocation.

The draft income mix is £8,000 from founding and professional gifts, £5,000 from community and digital activity, £3,000 from events and £4,000 from trusts or corporate match funding. All four are targets. For cash planning, classify each amount as received, confirmed with conditions, or speculative. If an event must contribute £3,000 after £1,000 costs, it must raise £4,000 gross. Keep the full receipts and expenses in the accounts and explain the “net cash” target consistently.

The setup-only example in the registration chapter and this £20,000 pilot are separate planning scenarios. Reconcile overlapping costs into one final budget. If setup is funded from the same £20,000, the amount available for programmes must be reduced or total funding increased; the two examples do not establish an all-in launch price.

The £1,200 insurance/bookkeeping line may be too small if specialist advice, paid accounting support or extensive cover is needed. Obtain actual quotations before adopting the budget. Free professional time

should be acknowledged as a dependency, not assumed to last indefinitely. A founding gift specifically supporting setup and assurance costs can prevent pressure to spend restricted patient-care donations on overheads.

Decide what can proceed at each stage

This is a suggested management timetable. Registration, banking, insurance, permissions, funding and partner checks can take longer. A calendar date cannot substitute for a completed safeguard.

Period	Main work	Evidence required before moving forward
Days 1-30	Define a bounded first programme; compare an existing-charity partnership with creating a new body; recruit capability; draft a costed plan	Agreed purpose, beneficiary criteria, named work owners and a decision on organisational route
Days 31-60	Complete governing and registration work as applicable; agree conflicts, finance, safeguarding, data and partner procedures; seek actual costs	Version-controlled documents, recorded decisions, registration evidence when available and no misleading public status claims
Days 61-90	Set up lawful organisational banking and accounting; rehearse a referral and payment; verify a proposed delivery route	A readiness review showing authority, insurance, appropriate permissions, trained people and traceable controls
Months 4-6	Run a small first group only if ready; review after each case; reconcile all spending	Safe referral, approval, payment and follow-up records; ability to explain deviations
Months 7-9	Test whether demand, funding and capacity justify expansion	Reliable outcomes, manageable workload, satisfactory partner evidence and adequate unrestricted cash
Months 10-12	Prepare accounts and an anonymised public report; decide whether to continue, partner, reduce scope or stop	Board-approved assessment, next-year cash plan and a safe arrangement for outstanding commitments

Measure recovery and reliability

Count the people helped, but also ask what changed. Did the person reach the agreed provider? Complete the planned course? Obtain a functioning aid? Receive a safe follow-up arrangement? Use measures appropriate to the intervention and the beneficiary's circumstances; a small fund should not manufacture clinical outcome claims it cannot verify.

The pilot dashboard can combine activity, experience and control measures: support delivered, time from complete referral to decision, reasons for refusal, beneficiary feedback, unresolved complaints, missing receipts and cases awaiting follow-up. Report adverse outcomes and uncertainties without identifying people or overstating the charity's causal role.

Set stopping rules before enthusiasm makes them difficult. Pause new commitments if the payment route becomes uncertain, a provider fails verification, consent cannot be established, safeguarding concerns remain unresolved or funding cannot cover accepted obligations. Preserve essential continuity for people already supported and seek a safe handover where necessary.

A first year can be successful even if the final decision is to operate through an experienced partner rather than maintain a separate charity. The relevant achievement is dependable relief of suffering, supported by evidence and accountable decisions.

CHAPTER 15

The author and the purpose of this work

Mr Peyman Bakhshayesh, MD, PhD, MBA, is a consultant trauma and orthopaedic surgeon in Leeds and an Honorary Senior Lecturer at the University of Leeds. The Leeds Teaching Hospitals consultant directory describes his major-trauma role and areas of practice including complex fracture surgery, pelvic and acetabular surgery, nonunion and malunion, and foot and ankle surgery. His university profile records clinical training in Sweden and doctoral work at Karolinska Institutet on traumatic pelvic ring injuries. [AU03] [AU04]

Leeds provides major-trauma services across a substantial regional network. The Trust's published service description identifies West Yorkshire for adult major trauma and Yorkshire and Humberside for children. In its April 2023 anniversary account, the Trust described Leeds as the second busiest major trauma centre in the country. These dated institutional descriptions provide context for the author's work; this book makes no independently verified global ranking claim. [AU05] [AU06]

The author's Iranian background and concern for people injured through violence provide the personal starting point for this handbook. His related humanitarian strategy, published on 12 October 2026, argues for a protected treatment programme, independently reviewed decisions, lawful funding, careful partner selection and continuity of rehabilitation. It distinguishes his personal political outlook from the terms on which a patient receives assistance. This book develops that practical argument for professional readers who are beginning to consider charitable work. [AU07]

The founding material reviewed for this edition contains more than one proposed initiative. The UK foundation programme emphasises medical and welfare assistance, family support, human rights and education. A separate proposed trauma-care charter emphasises international professional cooperation, trauma education, rehabilitation and patient safety. A humanitarian support constitution considers people facing persecution, displacement and hardship. Their common themes inform this book, but their proposed governance arrangements have not been merged or represented as adopted. [AU02]

A professional contribution beyond the operating theatre

For a senior doctor, charitable work can be an extension of professional responsibility. It draws on the ability to judge evidence, work in teams, explain uncertainty and remain accountable for decisions. Those skills can help a board decide what is feasible, a funder understand a treatment pathway, or a partner recognise when a programme is exceeding its capacity.

The contribution should also reflect professional humility. A surgeon may need a charity accountant to explain restricted funds, a safeguarding practitioner to challenge an unsafe referral arrangement, a local clinician to correct assumptions about service capacity, or a beneficiary to explain an obstacle that no member of the founding board has experienced. The resulting organisation should be able to learn without depending on the founder's approval of every detail.

My purpose is to make that first step easier. Compassion should lead to a practical commitment that another person can rely on. A small organisation that keeps its promises, learns from mistakes and protects the people it serves can make a serious contribution. Its credibility will come from that work.

Professional homepage: <https://peymanorthopaedics.world>

Public writing: <https://seculardemocraticiran.world>

Appendix A. A founding workbook

These are working templates, not prescribed regulatory forms. Complete them with the people who will carry the responsibility. Keep patient-level information in a separate, appropriately protected system.

A1. One-page programme decision

Field	Complete before approving the pilot
Problem	Who lacks what support, where, and on what evidence?
Proposed benefit	What useful change should occur for the person or community?
Existing provision	Who already works on this need, and what precise gap remains?
Delivery model	Existing charity, hosted programme, or new organisation; reason for the choice
Beneficiaries	Eligibility, exclusions justified by remit/capacity, referral route and review process
Scope	Services included, geographical focus, pilot duration and maximum commitments
People	Accountable lead, finance reviewer, clinical reviewer, safeguarding lead and deputies
Resources	Cleared funds, necessary skills, provider capacity and funded follow-up
Conditions before starting	Legal, banking, clinical, safeguarding and partner checks with evidence owners
Decision	Approve, approve subject to specified conditions, revise or pause
Review	Date, trigger events and evidence needed to continue or expand

A2. First board agenda and decision record

1. Confirm the meeting's authority, attendance, quorum and declarations of interest.
2. Review the need statement, proposed beneficiaries and alternative delivery routes.
3. Consider the governing document, current legal status and registration tasks.
4. Approve or revise the budget, fund restrictions, approval limits and banking arrangements.
5. Review safeguarding, clinical responsibility, information protection and partner checks.
6. Decide which public claims and appeals are accurate at the present stage.
7. Allocate actions, owners, resources and deadlines; set the next review.

For each decision, record the issue, options considered, relevant evidence, conflicts, advice obtained, decision and reasons. Record dissent where appropriate. Distinguish a discussion from a resolution and a resolution from a completed action. A minute saying "banking discussed" will not explain later why a payment was authorised.

A3. Volunteer role card

State the role title, its purpose, expected hours, manager, essential skills, checks and induction required, permitted decisions, access to information, reporting arrangements, expenses process and boundaries. Record the start date, review date and who covers absence. Explain how the volunteer can raise a concern and how organisational access is removed when the role ends.

For a clinical reviewer, distinguish reviewing the appropriateness of a funding request from accepting responsibility to diagnose or treat the patient. For an interpreter, cover confidentiality, accuracy, conflicts and escalation when a question exceeds their role. For a fundraiser, cover the approved appeal, handling of money and donor information, and the prohibition on making unapproved clinical or funding promises.

A4. A compact risk register

Scores can help compare risks, but an unlawful transaction or a serious unresolved patient-safety concern is not made acceptable by a low total score. Record the decision as well as the rating.

Risk to review	Preventive action	Trigger for escalation	Owner
Patient or family exposed through publicity	Minimum data; separate publicity review; informed choice	Threat, unexpected disclosure or request for identifying data	Information and safeguarding leads
Provider cannot complete the pathway	Written scope, capacity check, follow-up and complication plan	Service interruption, missed follow-up or unexplained outcome	Clinical and partner leads
Funds diverted or paid twice	Independent verification, unique references and reconciliation	Changed payee details, duplicate invoice or missing evidence	Treasurer
Sanctions or export restriction changes	Current route-specific review and recorded licence conditions	New designation, bank objection or expired permission	Compliance adviser and trustees
Founder dominates decisions	Independent quorum, recorded conflicts and delegated roles	Decisions outside authority or pressure to waive criteria	Chair or independent trustee
Too many commitments for resources	Cash forecast and cap on approved obligations	Funding shortfall or unavailable reviewers	Board
Volunteer exhaustion	Defined hours, cover, supervision and protected time off	Persistent backlog or repeated missed checks	Operations lead

A5. Provider agreement: matters to settle

A signed agreement should identify the legal parties and their authority; the service and eligible beneficiaries; the clinical and financial responsibilities; staff credentials and local permissions; the budget, currency, invoices and payment stages; safeguarding and complaints; information roles and transfers; monitoring and evidence of delivery; insurance; incident reporting; conflicts; subcontracting; inspection rights appropriate to risk; suspension; unspent funds; termination; and continuity for existing patients. Have an adviser draft the operative contract for the relevant jurisdictions.

Do not use a signature to conceal an unresolved gap. If the receiving provider has not accepted responsibility for complications, write that issue into the decision record and resolve it before funding a treatment that depends on that capacity. If a host charity is involved, record its oversight powers and reporting requirements explicitly.

A6. Monthly board dashboard

Keep the dashboard short enough to read before the meeting. Include the reporting period and the date of the latest reconciliation. Show unrestricted cash, restricted balances, approved commitments, forecast cash needs, income received, fundraising costs, expenditure and material variances. Add the number of referrals, approvals, completed pathways, pending cases and people with follow-up outstanding.

Include narrative exceptions: safeguarding concerns handled through the appropriate confidential route, changes in partner status, complaints, legal or banking changes and decisions needed from trustees. Do not put sensitive case histories into the dashboard. A named owner should explain what action follows each significant exception.

A7. A responsible appeal paragraph

Illustrative wording for adaptation only:

“We are seeking support for a defined programme helping people with serious injuries who cannot otherwise obtain necessary care and rehabilitation. Assistance will be assessed according to need through approved clinical and financial processes. Funds will support the agreed care pathways and the reasonable costs of delivering and overseeing them. We will explain the programme's progress and spending while protecting the identities of people who may face risk.”

Before publishing, add the correct legal identity, current status, scope, amount sought and realistic timescale. State the applicable restriction and obtain advice on wording for excess funds or a programme that cannot proceed. Describe any material delivery uncertainty honestly. Do not add a registration number, Gift Aid promise or claim of institutional partnership that has not been established.

A8. A public report that earns trust

A useful first report explains why the programme was chosen, what it promised, what actually happened, how funds were used, what went wrong or changed, and what the trustees decided next. Separate outputs from outcomes and estimates from measured results. Explain the allocation of support costs. Include meaningful patient feedback without creating identification risks.

Report the unspent restricted balance and the lawful plan for it. A high percentage described as “spent on the front line” is not enough if the programme has omitted monitoring, safeguarding or follow-up. Readers should be able to understand both the benefit and the work required to deliver it responsibly.

Appendix B. Organising the founding documents

The author's source material demonstrates a common founding problem: good ideas accumulate in separate programmes, constitutions, letters and meeting packs. The documents need an order of authority and a way of distinguishing proposals from adopted decisions.

Create a controlled set with a named document owner, version, approval date, review date and status. Use “draft”, “approved” and “superseded” consistently. Keep the adopted governing document separate from promotional material. An attractive brochure cannot amend the charity's objects or confer a trustee appointment.

Folder or register	What belongs there	Access and control
Constitution and legal identity	Adopted governing document, registration evidence and approved changes	Board controlled; public versions where required
Board and conflicts	Minutes, trustee eligibility/consent, interests and delegated authority	Controlled governance access
Policies	Approved finance, safeguarding, complaints, data and risk policies	Staff/volunteer access appropriate to role
Programmes and partners	Need statements, programme decisions, checks and signed agreements	Programme leads and relevant reviewers
Case records	Referral, consent, clinical documents and support decisions	Restricted case access; separate from publicity
Finance and grants	Budget, ledger, reconciliations, invoices, restrictions and funder reports	Finance controls with necessary audit access
Fundraising and communications	Approved appeals, lawful donor records, campaign costs and public reports	Controlled permissions and retention rules
Archive	Superseded drafts and closed programme records	Retained under a documented schedule; clearly not current

The source documents reviewed for this book remain source documents. Their original Drive files have not been reorganised, deleted or adopted on anyone's behalf. The book classifies their ideas into a coherent guide. A real founding board should separately reconcile its chosen legal name, objects, programme commitments and governance before approving an application.

Source reconciliation for this edition

The UK founding programme supplied the broad humanitarian ambition. The compliance note supplied a useful distinction between charitable work and separate personal political advocacy. The constitution supplied a draft foundation-CIO approach. The operations pack supplied practical board tasks and a proposed £20,000 pilot. The trauma-care charter supplied clinical independence, international cooperation and safety principles. The humanitarian support constitution supplied ideas about fair allocation, confidentiality and support for families. Current official guidance governs the legal explanations in this edition where a working draft was incomplete or out of date.

Appendix C. Plain-language glossary

Term	Meaning in this book
Charitable purpose	A legally recognised purpose pursued for public benefit; the exact test depends on jurisdiction
Object	The binding statement of purpose in the governing document
Trustee	A person responsible for the charity's governance, whatever title is used
CIO / SCIO	Incorporated charity forms in England and Wales / Scotland respectively
Restricted fund	Money subject to a binding purpose restriction; it is not freely available for every expense
Designated fund	Unrestricted money earmarked by trustees for a purpose; distinct from a donor-imposed restriction
Reserves	The part of resources available to support resilience, assessed under the relevant accounting framework and policy
Gift Aid	UK tax relief on qualifying donations under HMRC rules; not an automatic uplift to every receipt
Due diligence	Proportionate checks establishing who is involved, what is proposed and whether it can be safely and lawfully delivered
Safeguarding	Measures to prevent and respond to abuse, exploitation and harm affecting people who encounter the charity
Clinical governance	Responsibility and systems for the quality, safety and accountability of clinical services
Hosted project	A project genuinely supervised within an existing organisation under agreed authority and terms
Sanctions licence	Permission for specified otherwise restricted conduct, subject to its exact terms; not a general endorsement of a programme
Outcome	A change that matters for people, distinct from an activity or a payment
Full cost	Direct service costs plus a fair share of the support needed to deliver and supervise the work

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Sources were checked on 14 October 2026. Use the live official requirements when making a decision. Dates and conditions in this edition do not guarantee that a funding round, licence or route remains available. Source labels in the text link to the entries below. Private founding drafts are acknowledged without publishing their access links.

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