

HELPING YOU HELP OTHERS

For Office Use ONLY:

Ref No:

Date entered:

Region:

WE ARE
MACMILLAN.
CANCER SUPPORT

Developing grant for self-help and support groups

Grant Application Form

Section 1:

Contact Information (see guidance p5)

Please refer to the grant application guidance notes before completing this form.

Group name:

.....
.....

Group website address (if applicable):

.....

Contact name:

.....

Role in group:

.....

Address for correspondence:

.....

.....

.....

..... Postcode:.....

Daytime telephone number:

.....

Email address:

.....

Please indicate preferred contact method(s) below:

Daytime telephone number

Email address

Do you have any specific communication needs?

Yes

No

If yes, please indicate below:

Textphone

Specific language spoken

Please specify:

.....

Larger text required

Other:

.....

Is there an alternative contact?

Yes

No

If yes, please provide their details below

Second contact name:

.....

Second contact's role in group:

.....

Second contact's telephone number:

.....

Second contact's email address:

.....

Section 2:

Information about your group (see guidance p 5-6)

Who does your group currently support?

Please tick box(es) below and use space provided to best describe your group members.

Anyone living with cancer

Anyone affected by cancer

Carers of people affected by cancer

People affected by a specific cancer type (e.g. prostate, breast etc)

Please specify:

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Specific age group or gender

Please specify:

.....

People from a particular community or with a shared interest or hobby

Please specify:

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.....
.....

What geographical area does your group cover?

.....

Is your group an online or telephone based support group?

Yes

No

If yes, please specify:

.....

When was your group set up? (MM/YYYY)

.....

Approximately how many group members are there?

.....

Where does your group meet?

.....

How regularly does your group meet?

.....

Does your group have a committee?

Yes

No

Does your group have a constitution or governing document?

Yes

No

Does your group employ any paid staff?

Yes

No

If yes, please write job titles below:

.....

Is your group a registered charity (England & Wales) or recognised as a charity by the Inland Revenue (Scotland and Northern Ireland)?

Yes

No

If yes, please provide the charity number in space provided:

.....

Previous income

Has your group been awarded any grants from Macmillan in the past or does it have any grants pending?

Yes

No

If yes, please state funding awarded and provide reference numbers for each grant (if reference numbers unknown, state type of grant and approximate dates awarded).

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How much other income (other than Macmillan grants listed above) has your group received in the last 12 months?

£

How was this income raised?

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Section 4:

Finance information (see guidance p7)

Does your group have a bank account in its own name?

Yes

No

If yes

- please provide the account name:

.....

- please tick this box to confirm that you will send a copy of a recent bank statement/letter from the bank or a copy of the passbook to the inclusion administrator

- Now go straight to section 5

If no, please go to the next question.

Are you going to set up a bank account for your group?

Yes

No

If yes, please tick this box to confirm that you will provide the account name and send a copy of a recent bank statement/letter from the bank or a copy of the passbook to the inclusion administrator

If no, please go to the next question.

Has another organisation/hospital agreed to hold the grant award (if successful) on the group's behalf?

Yes

No

If yes, please provide the following details for this organisation/hospital:

Organisation name:

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Organisation address:

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Contact name:

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Contact telephone:

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Bank account name:

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Section 5:
Monitoring information (see guidance p7)

How did you find out about the grants programme?

Applied for Macmillan grant previously

Macmillan involvement coordinator
 (previously known as 'community networks
 development coordinator')

Name (if known)

Macmillan website

Macmillan newsletter:

Exchange

Mac News

Other, please specify (if known)

.....

Macmillan leaflet for self-help and support groups

Macmillan good practice guidelines for self-help
 and support groups

Another self-help and support group
 (please specify)

Other (please specify)

**Have you had contact with someone from
 Macmillan to help with this application?**

Yes

No

Name/Job title

.....

.....

**What other Macmillan activities have you or your
 group members been involved in?**

Macmillan Cancer Voices*?

Yes

No

(*a Cancer Voice is someone affected by cancer
 who chooses to use their cancer experience to
 improve cancer services and/or raise awareness
 of the diverse realities of living with cancer.

Macmillan training courses or workshops?

Yes

No

If **yes**, please state name of courses and
 approximate date here:

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**Are there any other Macmillan activities that
 you or your group have been involved in?**

Yes

No

If **yes**, please provide a brief outline here

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Section 5 (continued):
Monitoring information (see guidance p7)

Are you aware of Macmillan’s good practice guidelines for self-help and support groups?

Yes

No

Please tick the boxes below if you would like us to send you information on the following:

How you or any of your group members can register as a Cancer Voice

Learning and development opportunities for self-help and support groups

How to order Macmillan’s good practice guidelines for self-help and support groups.

Do you know of any other self help and support groups in your local area? If yes, please provide their name(s), geographical areas they cover and their main support activities (if known)

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Please use this space to provide any comments on the grant application process and how we could improve it in future

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Section 6: Checklist and signatures (see guidance p7)

Please confirm that you have done the following:

- Answered all appropriate questions
- Provided full contact details for the application
- Clearly stated the bank account name for the group (where applicable)
- Read the terms and conditions (see the grants guidance page 8)
- Made a copy of this application for your records

Enclosed the following supporting documents, where applicable, (or sending separately by post):

- Recent bank statement/letter from the bank or a copy of the passbook
- Copy of your group's constitution or governing document
- Quote from potential suppliers to evidence your grant request
- Any additional information that would give us a clearer picture of your groups aims, activities and needs

Signatures

This form must be signed by two people who are involved with the group. Signatures can be typed, not handwritten.

I confirm to the best of my knowledge that all information provided on this application is true and accurate. I have read through the enclosed terms and conditions and understand that in signing this application form, the group are required to act within these conditions should an award be made.

Please email your application form to resources@macmillan.org.uk

If you are unable to email, please mark it for the attention of the inclusion administrator, and either post or fax to:

Macmillan Cancer Support
89 Albert Embankment
London SE1 7UQ

Fax: 020 7840 7841

Signatures	Print Name	Position in group	Date