

# HELPING YOU HELP OTHERS

For Office Use ONLY:

Ref No: .....

Date entered: .....

Region: .....

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

## Training and conference grant

Providing access to self-help and support development opportunities for people affected by cancer.

### Grant Application Form

#### Section 1:

#### Contact Information (see guidance p4)

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

Name of group/ organisation:

.....  
.....

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 3: Self-help and support group information (see guidance p5)

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Only complete this section if you are a self-help and support group.

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)  
.....

How many members does your group currently have?  
.....

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



## Section 5: ATTENDING a training event, networking event or conference (see guidance p5)

Only complete this section if you are attending an event as a delegate not if you are hosting an event. Then go straight to section 7.

### Event Details

Name of event:

.....

Name of event organiser(s):

.....

Event location:

.....

Event date(s):

.....

.....

Please provide the names of up to four people for whom you are seeking funding:

.....

.....

.....

.....

### Breakdown of funding requested

Please provide a full breakdown of the funding requested of each individual item/activity.

cdfdfdidjfidjijcdfd  
fdfidjfidjijcdfdfid  
jfidjijcdfdfidjfidj  
ijcdfdfidjfidjijcdf  
dfdfidjfidjijcdfdfi  
djfidjij

| Item/Activity  | Total cost of item/activity<br>Column A (£) | Funding requested from Macmillan<br>Column B (£) |
|--|---|--|
| e.g. Train travel for four group members to attend the event | £35.00                                      | £140.00  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| <b>Total</b>   |   |  |

Is your group contributing any additional financial costs towards attending this event?

Yes

No

If yes, please specify:

.....

.....

## Section 6: HOSTING a training event, networking event or conference (see guidance p6)

Only complete this section if you are hosting an event not if you are attending an event as a delegate.

### Event Details

Name of event:

.....

Event location:

.....

Proposed date(s) of the event:

.....

Approximate number of delegates attending:

.....

How will you measure whether the event will have been successful?

.....

.....

.....

.....

.....

.....

### Breakdown of funding requested

Please provide a full breakdown of the funding required stating the cost of each individual item/ activity.

| Item/Activity | Total cost of item/activity<br>Column A (£) | Funding requested from Macmillan<br>Column B (£) |
|---------------|---|--|
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
| <b>Total</b>  |   |  |

If the totals for column A and B do not match, how do you plan to cover the difference?

.....

.....

.....

Will the event go ahead without a grant award from Macmillan?

Yes

No

If yes, please explain how the event will be funded.

.....

.....

## Section 7: Finance information (see guidance p6)

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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 8

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:  
.....

Organisation address:  
.....  
.....  
.....  
.....

Contact name:  
.....

Contact name:  
.....

Contact telephone:  
.....

Bank account name:  
.....

**Section 8:**  
**Monitoring information** (see guidance p6)

**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:

.....  
 .....  
 .....

**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

.....  
 .....  
 .....

**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.

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

.....  
 .....  
 .....  
 .....  
 .....  
 .....

## Section 9: Checklist and signatures (see guidance p6)

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
- Booking form/evidence of the event fee (if attending the event)
- Event agenda or training programme (if hosting an event)

### 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](mailto: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 |
|------------|------------|-------------------|------|
|            |            |                   |      |
|            |            |                   |      |