

## Memorable Days Application Form

### Introduction

Memories matter, which is why we provide days out and short breaks for those affected by cancer.

A cancer diagnosis can be devastating and create feelings of anxiety, stress and disorder for everyone involved. For patients it can severely impact their physical and emotional well-being leading to a complex set of challenges including dealing with symptoms, coming to terms with diagnosis and dealing with an unpredictable future. This can leave people feeling disconnected and withdrawn from family, friends, work and life in general.

Memories last a lifetime that is why they are so important for people experiencing cancer. We want to help make your occasion a special one and make life that little bit easier.

### How to apply

We have tried to make our application process as simple as possible. There are two ways to apply, either via our online application form that can be found on our website at [www.lmcancertrust.co.uk](http://www.lmcancertrust.co.uk) or by completing a hard copy form and posting it the address below or by email to [memorable.days@lmcancertrust.co.uk](mailto:memorable.days@lmcancertrust.co.uk)

Postal Address: -

Lasting Memories Cancer Trust  
Memorable Day Application  
42 Marbled White Court  
Little Paxton, St Neots  
PE19 6SJ

Please complete all section of the application form so we can process it as quickly as possible. Failure to complete the form in full might result in us rejecting it.

### Eligibility Criteria

To be eligible for a memorable day you must meet the following criteria:

- a resident in Hertfordshire, Bedfordshire or Cambridgeshire
- aged over 18 years
- undergoing treatment for cancer (any stage or type) on the date we receive your completed application
- able to provide a letter (dated within the last three months) from your healthcare professional verifying your diagnosis, this can be a nurse , GP, registrar or consultant who you see regularly for your care
- not previously benefitted from a Memorable Day from Lasting Memories
- willing to abide by our terms and conditions, including providing photos and feedback on your experience

## Application Form

### Part 1 – Your Details

Title:	First name:	Surname:
Address:		
Postcode:	Email:	
Phone:	D.O.B:	Gender:

### Part 2 – Your Memorable Day

Please provide a summary of what you like your memorable day to consist of. Give as much detail as possible including where you would like to go, the type activity you would like to do, preferred dates and number of participants and their relationship to you.

Do you have any mobility issues, breathing difficulties, communication difficulties or dietary requirements that we need to know about when planning your memorable day?



### Part 3 – Chaperone

We want your memorable day to be fun and enjoyable, so we ask all applicants to be accompanied by a chaperone who understands your condition and circumstances and can assist you should it become necessary. This could be your partner, sibling, parent, relative, friend or child (if over 18 years).

Title:	First name:	Surname:
Address:		
Postcode:	Email:	
Phone:	D.O.B:	Gender:
Relationship to applicant:		

### Part 4 – Medical Professional

As part of our eligibility criteria we require the details of your medical professional accompanied by a letter from them confirming your condition and care. This can be any correspondence received from them dated within the last three months. Please enclose a copy for our reference.

Title:	First name:	Surname:
Job Title:	Medical Institution:	
Work Address:		
Work Postcode:	Work Phone:	Work Email:
N.B Don't forget to enclose a letter from your medical professional		

### Part 5 – Communication Preferences

Are you happy for us to contact you about your application by:	Email	Phone	Post
Can we contact your medical professional to verify any information on this application, if necessary?			
Would you like to receive updates about our events, campaigns and service updates?	Yes	No	
How did you hear about us?	Medical Pro,	Word of Mouth,	Social Media, Charity Literature, Other



## Part 6 – Data Privacy statement

As part of our commitment to data protection we value your right to privacy. Details shared on your application, including those of your chaperone and medical professional will be held securely and we will never disclose, share, sell or rent any data to a third party, other than to regulated authorities when required to do so by law. For full details of our Privacy Policy please visit:

[www.lmcancertrust.co.uk/privacy](http://www.lmcancertrust.co.uk/privacy)

We understand that you may want to change your communication preferences in the future. To do this after we have processed your application and informed you of the outcome, you can update your preferences by contacting us at [data.protection@lmcancertrust.co.uk](mailto:data.protection@lmcancertrust.co.uk).

## Part 7 – Terms and Conditions

I the applicant, by applying for a memorable day confirm that I have read, understood and accepted the terms and conditions herein. You may withdraw your application at any time by notifying us at [memorable.days@lmcancertrust.co.uk](mailto:memorable.days@lmcancertrust.co.uk)

1. Lasting Memories Cancer Trust will make every effort to make your memorable day possible but without any legal or binding obligation.
2. Lasting Memories Cancer Trust will need to be aware of your medical condition(s) and be able to pass this information to relevant third-party provider(s) so that they can assess your suitability for your chosen activities. To support this, you agree to keep us informed of any change in your medical condition and circumstances which may have a significant impact on your memorable day application. You accept that any change of circumstances may be passed onto third party provider(s) and prospective provider(s) where necessary.
3. Lasting Memories Cancer Trust does not provide memorable days, we fund and organise them on your behalf using a range of third-party providers that run events, venues or provide services. Therefore, we cannot accept any responsibility if you're your memorable day is not delivered in part or in full. Nor can we accept responsibility if your memorable day does not provide the outcome you had hoped. However, we will do everything within our power to make sure your day reflects your wishes, were possible and practicable.
4. Third party providers will stipulate their own terms and conditions and businesses will have to adhere to their own policies and procedures to ensure quality, safety and hygiene standards. Therefore, Lasting Memories Cancer Trust cannot accept any responsibility or liability for incidents that occur as a result of a third-party provider not adhering to their own operating standards.
5. Where the trust is made aware of booking terms and conditions these will be passed onto the applicant



6. Lasting Memories Cancer Trust will not accept any liability for any, loss, damage, injury, cost or claim arising from your memorable day. This includes incidents, accidents, delays or problems arising from any aspect of the day.
7. To avoid negligence on our part, it is your responsibility to decide whether the memorable day arranged is suitable for you considering your medical condition, capabilities and general well-being. To achieve this, we will discuss the arrangements for your memorable day with your stipulated chaperone and as such you are giving us permission to discuss arrangements with your chaperone.
8. As part of your application, we will contact your medical professional to discuss details of your medical condition and the suitability of your memorable day.
9. You agree to complete a short evaluation form of your experience and supply photos of your memorable day to help us monitor the effectiveness of our service. We may also use your personal data to produce reports of charity activity, including creating accounts of Memorable Days, sometimes using third party organisations to analyse data and compile reports. No individual information will be identifiable in any published reports.

## Part 8 – Declaration

I, the undersigned have read, understood and accept the terms and conditions of this application form and the associated activities to be undertaken by Lasting Memories Cancer Trust in respect of my application.

Print Name:

Signature:

Date: