

## Memorable Days - Application Form

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 This can leave people feeling disconnected and withdrawn from family, friends, work and life in general.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. That is why we provide small grants for people affected by cancer to fund memorable days out or respite breaks or short trips.

## How to apply

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 this 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 Days Application  
29 Meadowsweet, St Neots  
PE19 6SJ

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

## Eligibility Criteria

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

- You a resident in Bedfordshire, Cambridgeshire or Hertfordshire. Applicants must be aged over 18 years; however the beneficiary may be a minor aged under 18 years.
- You are either undergoing treatment for cancer (any stage or type) or have completed a course of treatment within 18 months of the date we receive your completed application.
- If you are applying following the loss of a loved one, we will require proof of the deceased and your relationship to them.
- You can provide a letter (dated within the last three months or 18 months if treatment has finished) from your healthcare professional verifying your diagnosis. This can be from a nurse, GP, registrar or consultant who you see regularly for your care.
- You can provide a recent utility bill and photo ID.
- You have not previously benefited from our funding in the last 24 months.
- You are willing to abide by our terms and conditions.

**W:** [lmcancertrust.co.uk](http://lmcancertrust.co.uk) **E:** [info@lmcancertrust.co.uk](mailto:info@lmcancertrust.co.uk)    [lmcancertrust](https://www.lmcancertrust.co.uk)  
Lasting Memories Cancer Trust. Registered in England and Wales. Registered charity number 1193292

Registered office: 29 Meadowsweet, St Neots, Cambridgeshire, PE19 7GR

## Application Form

### Part 1 – Applicants Details

If you are aged over 18 and applying on behalf of someone else please complete the details below, if you applying for you own memorable day please progress to part 2.

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Email:</b>	
<b>Phone:</b>	<b>D.O.B:</b>	<b>Gender:</b>

### Part 2 – Beneficiaries Details

If different from the applicants details please complete the section below, otherwise progress to part 3.

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Email:</b>	
<b>Phone:</b>	<b>D.O.B:</b>	<b>Gender:</b>

### Part 3 – Chaperone

We want your memorable day to be 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).

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Email:</b>	
<b>Phone:</b>	<b>D.O.B:</b>	<b>Gender:</b>
<b>Relationship to beneficiary:</b>		

#### Part 4 – Your Memorable Day(s)

Please provide a summary of what you would 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 accompanying you and their relationship to you.

Would you like us to organise your memorable day(s) on your behalf or pay you a grant for to organise yourself? (Please tick)

Lasting Memories to organise

Organise myself using grant

If you wish to organise your own occasion, how much do you require?

£

If you answered 'Lasting Memories to organise' to the above, please complete the question below. Otherwise progress to part 4.

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 5 – 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.

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Job title:</b>		
<b>Medical Institution:</b>		
<b>Address:</b>	<b>Postcode:</b>	
<b>Work Phone:</b>	<b>Work Email:</b>	

## Part 6 – Communication preferences

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

## Part 7 – Data Privacy Statement

### ***Why we need your information***

The data on this application is being gathered for the purpose of assessing the eligibility and suitability of the application only. The data will enable Lasting Memories Cancer Trust to process the application in accordance with our Grant Giving Policy.

As a registered charity, Lasting Memories Cancer Trust has a responsibility to ensure that our service provision is fair, equitable and provides public benefit in accordance with our charitable objects.

### **What we will do with your information**

The information you provide in this application will only be used for the sole purpose of reviewing your application and will be held by the Trust for this purpose only.

### **Data deletion**

After assessing your application, we will safely destroy your data that is no longer needed. This data includes:

- Your financial data
- Medical information
- Proof of your identity

We require this information for our due diligence and to safeguarding the trust against misuse of charitable funds.

### **Data retention**

We will retain some of your data for a period of 5 years on our applications register. This data includes:

- Name
- Address
- Contact details
- D.O.B
- Gender
- Date of application
- Amount applied for
- Decision granted by the trust
- Cancer type

This data will be stored electronically on a password protected document and only accessible by trustees/volunteers that are involved with our application assessment process.

We are required by the Charity Commission to retain data of this nature to demonstrate our impact and how our funds have provided public benefit.

### **Data sharing**

We may have to share data with third parties if we are legally obliged to do so, for example if it is necessary to safeguard or protect a vulnerable adult or child at risk.

We may also share information with the police or other agencies if it is necessary for the following purposes:

- a) the prevention or detection of crime including fraud
- b) the apprehension or prosecution of offenders
- c) the assessment or collection of any tax or duty or any imposition of a similar nature

### **What are your rights?**

Lasting Memories Cancer Trust will be the Data Controller for this information. You have a number of rights over the data we collect and hold about you.

You have the right to be informed about what information we hold about you and how we use it.

You have the right to request copies of any information the Trust holds about you by making a subject access request.

If information we hold about you is factually inaccurate you have the right to have it corrected.

You have the right to object to the way we are using your data.

You have the right to request that your data is deleted. However, we may be unable to delete your data if there is a need for us to keep it. In this case you will receive an explanation of why we need to keep the data.

You can also request that we stop using your data while we consider a request to have it corrected or deleted. There may be some circumstances in which we are unable to do this, however we will provide an explanation if this is the case.

In certain circumstances you may also request data we hold about you in a format that allows it to be transferred to another organisation.

If you would like to request copies of your data, request that your data is deleted or have any other queries in relation to data which the Trust holds about you please contact: -

Data Protection  
Lasting Memories Cancer Trust  
Benevolent Fund Application  
29 Meadowsweet  
Eaton Ford, St Neots  
PE19 7GR

Email: [privacy@lmcancertrust.co.uk](mailto:privacy@lmcancertrust.co.uk)

If you are unhappy with the way that Lasting Memories Cancer Trust has used your data or with the way we have responded to a request you also have the right to contact the Information Commissioner's Office [www.ico.org.uk](http://www.ico.org.uk).

## Part 8 – 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. If requested to organise by the applicant, Lasting Memories Cancer Trust will make every effort to make your memorable day possible but without any legal or binding obligation.
2. Where relevant, 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) to assess your suitability for your chosen trip/activities. As such, you agree to keep us informed of any change in your medical condition/circumstances which may have an 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 may organise them on your behalf (upon request) using a range of third-party providers that run events, venues or provide services. Therefore, we cannot accept any responsibility if your memorable day is not delivered in part or 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, where 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 wellbeing. 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. If you have given consent, where necessary we may contact your medical professional to discuss details of your medical condition and the suitability of your memorable day.

9. You agree to provide feedback to Lasting Memories Cancer Trust to ensure the Charity can review its procedures and processes. We also ask for a testimonial and photos of your day/trip/occasion to be used in our marketing materials, annual report, or impact report.
10. You agree to complete a feedback form on your memorable day to enable Lasting Memories to evaluate our service and report on our public benefit via our annual impact report.
11. When organising your memorable day independently you may be required to provide receipts or proof of purchase and or booking, following the award of a grant.
12. You will receive a letter confirming the outcome of your grant request within 14 days and details of any terms of the grant that is being provided. You will be asked to sign and confirm that you agree to the terms of receiving your grant within 14 days of receipt of the letter or email.
13. You have not made a request to Lasting Memories Cancer Trust Memorable days service previously within the last 24 months.

## Part 9 – Declaration

I, the undersigned have read, understand, 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:**

## Part 10 – Document Checklist

As part of your application, you are required to submit copies of the following documents. If you are returning the form via email remember to add the documents as an attachment. Please ensure these are included to avoid any delays in decision making:

Medical correspondence

Photo ID (Passport or Drivers License)

Utility bill  
(address must match application address)