

## Rund Raising Event

proposal form

# Thank You

Thank you so much for your interest in fundraising for Cancer Care West. We have put together these guidelines for individuals, organisations and other groups that would like to hold an event benefiting Cancer Care West and its programmes.

We want your fundraising to be an enjoyable experience as well as being safe and legal, so please read these guidelines before completing the Fundraising Event Proposal Form.

And remember - we're here to help. If you need any further information we're just a phone call away, our telephone number is 091 545000

#### **About Cancer Care West**

Cancer Care West provides practical and emotional supports and services to cancer patients and their families throughout the counties of Donegal, Sligo, Leitrim, Mayo, Galway, Roscommon and Clare. Cancer Care West does not charge for any of the services we provide and is very reliant on fundraising and donations to help fund these services.

## Fundraising Terms and Conditions

## **Authority to Fundraise for Cancer Care West**

Prior to organising and conducting a fundraising event in the name of Cancer Care West, you must:

- Be 18 years or over (if under 18 years of age, you will need permission from a parent / guardian)
- Complete this form and submit it to Cancer Care West at least 14 days prior to the event.

Please do not make any announcements or publicise the event until Cancer Care West gives approval.

#### Use of Cancer Care West Name and Logo

- In naming the event, 'Cancer Care West' should not be used in the title, but as beneficiary of the net proceeds.
   For example: '(Event Name) to benefit Cancer Care West'.
- Prior approval must be sought from Cancer Care West for any printed materials, advertisements, media materials and releases associated with the event.

## **Fundraising for Cancer Care West**

- Activities must be conducted in accordance with all applicable laws.
- Cancer Care West is happy to offer advice and guidance for coordinating your activity, however, the overall running of the event, including expenses, promotion, record keeping and management is ultimately your responsibility.
- Cancer Care West insurance cannot extend to volunteer events we recommend you seek independent insurance advice.
- Please advise Cancer Care West of any changes to details provided in this form prior to the event.
- Before organising a public collection please contact your local Garda station for advice regarding necessary permits.
- If you are organising a raffle where tickets are to be sold to people other than your guests you should contact Cancer Care West West to confirm that your raffle falls within the terms of Cancer Care West's Lottery licence.
- Door-to-door calls are only permissible if you know the residents and should be made during daylight hours.
- Approval to repeat an event must be requested each year from Cancer Care West.

## **Cash Handling and Banking**

- To comply with auditor requirements and to preserve the integrity of the organiser, it is required that at least two peopleare involved with the counting and remitting of proceeds.
- All net proceeds must be submitted to Cancer Care West within 30 days of the conclusion of the event.
- Please do not send cash through the post.
   Please send a cheque or bank draft. You can also remit online at www.cancercarewest.ie

## Data protection guidelines for photographs/video

Data protection acts cover the use of information, photographs and videos. As the event organiser, you are responsible for any personal data generated by photographic/video activities.

Participants must be informed and asked for their permission or agreement prior to photographs/video being taken. Consent should be obtained on an opt-in basis for each of the intended uses. Individuals should be informed of:

- The purpose(s) for which the photograph/video is being taken
- List any third parties to whom the data may be disclose (e.g. press).
- Outline the retention period for the data
- Make it clear that at any time in the future consent may be withdrawn and that you will accordingly remove photographs/videos if requested

In the case of photographs/videos of children it will be necessary to have their parent or legal guardian provide the necessary written consent.

Further information and consent forms are available from Cancer Care West.

## **Fundraising Event Proposal Form**

Please note:

Title:

Completing this form does not imply authorisation from Cancer Care West to undertake this event on our behalf, when we have processed your form we will be in touch to authorise your event.

Surname:

Please print clearly in BLOCK letters and tick where appropriate.

## **Fundraising Organiser Details**

First Name:

Name of group/company planning event (if	applicable):			
Full Address				
Telephone (Day):	(Evening):	(Mobile	):	
Email:				
Cancer Care West may use your details to keep you up-to-date on our work and to send you information regarding our fundraising events and activities. If you prefer not to receive any further communication from us please tick here.				
Are there other beneficiaries besides Cance If yes, please provide details:	er Care West?			
Have you formed a committee to help organ If yes, (please attach names & contact deta				
If you are fundraising as part of a company brief description of your company:	organisation please give us a			
Extra Details				
Name of proposed event:	Date	of Event:	Time:	
Location:	Address:			
Location:  Description of proposed event:	Address:			
	Address:			
Description of proposed event:				
Description of proposed event:  Expected attendance (if applicable):				
Description of proposed event:  Expected attendance (if applicable):  Has this event taken place for Cancer Care	West before?	ding an event, please o	complete the section below.	
Description of proposed event:  Expected attendance (if applicable):  Has this event taken place for Cancer Care  If yes, please provide details:	West before?	ding an event, please o	complete the section below.	
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## Fundraising materials required from Cancer Care West

(Please note: we will do our best to provide you with all the items you request, however some items are subject to availability.) \*Please fill in the quantities required

Sponsorship Cards (27 lines per card			
Information brochures about Cancer	Care West		
Collection buckets	Balloons	Posters	Bibs
T-shirts: Small	Medium	Large	Extra Large
(PLEASE NOTE: It costs almost €5 to ordering quantities. Thank you!)	cover the manufacturing of eac	h t-shirt. We appreciate yo	our consideration when

#### **Disclaimer**

Cancer Care West can accept no liability for any loss, damage or injury caused during the event you undertake. Cancer Care West insurance does not cover property or the property of your helpers and guests, nor does it cover your personal liability for any injury suffered by yourself or your event participants.

The event holder agrees to release Cancer Care West to the fullest extent permissible under law for claims and demands of any kind, and from all liability that may arise in respect of any damage, loss or injury occurring to any person, except where such liability arise because of the negligence of Cancer Care West or its agents.

Cancer Care West reserves the right to terminate the agreement relating to the Event at any time if it appears that there is a likelihood of the Event Holder failing to adhere to any of the above terms and conditions.

#### **Agreement**

- Yes, if food is involved in the event, I agree to take care and work to ensure safe preparation, storage and cooking and follow good hygiene practices.
- Yes, I agree to hold my fundraising event in accordance with the terms and conditions of the Cancer Care West Fundraising Guidelines attached and all applicable laws.
- Yes, I agree Cancer Care West will receive all revenue from the event within 30 days of the event.
- Yes, I agree that all publicity for the event must be approved by Cancer Care West prior to release/publication.

Signature of applicant:	Print Name:	Date:
Signature of parent/guardian (if applicant under 18 years of age):	Print Name:	Date:

A huge **THANK YOU** for offering to organise an event in support of Cancer Care West. We look forward to contacting you regarding your fundraising initiative.

#### Please return completed form to:

Cancer Care West, University Hospital Galway, Galway

Tel: 091 545 000

Email: info@cancercarewest.ie
Web: www.cancercarewest.ie

Thank	
You	

OFFICE USE ONLY
Sponsorship Card numbers given
Date materials sent
Inputted into database
Receipt book number record