Here at Challenging MND our aim is to contribute towards the cost of a memorable challenge or event, for any person suffering from MND. Where possible, we will look to contribute ideas, and provide guidance in setting up and completing the challenge. Involve your friends and family so they too can share the memories.

We would love to see how the event/challenge unfolds and are always looking for opportunities to raise the profile of Challenging MND whether through publicity or exposure through other social media channels.

Would you be willing to help us in this request **YES**  **NO**

Please email the completed form and specialists letter of consent (see note at bottom) to info@challengingmnd.org.

**DETAILS OF PERSON WITH MND:**

|  |  |
| --- | --- |
| **Title**: (Mr/Mrs/Ms/Miss): ………………**FIRST Name:** ………………………………**SECOND Name**: ……………………………… | **GENDER**:Male:  Female:  **Date of birth (dd/mm/yyyy)**:……………………………… |
| **ADDRESS:** …………………………………………………………………………………………………………….…………………………………………………………….**Postcode:** ………………………**Email:** …………………………………………………… | **PREFERRED CONTACT NUMBER:**……………………………………………………………… |
| **Have you previously received a grant from Challenging MND?****YES** **NO****If Yes, please provide details of the event including Date:**…………………………………………………………….…………………………………………………………….…………………………………………………………….……………………………………………………………. | **Date of Diagnosis:**……………………………………**Who is you MND Clinical Specialist?**……………………………………. |

**YOUR DETAILS (If different from above)**

|  |  |
| --- | --- |
| **Title**: (Mr/Mrs/Ms/Miss): ………………**FIRST Name:** ………………………………**SECOND Name**: ……………………………… | **GENDER**:Male:  Female:   |
| **ADDRESS:** …………………………………………………………………………………………………………….…………………………………………………………….**Postcode:** ………………………**Email:** …………………………………………………… | **PREFERRED CONTACT NUMBER:**………………………………**Relationship with person above:**……………………………… |
| **Has the person with MND consented to this application and the sharing of their contact details?**  |

**Detail of Memorable Event or Challenge**

|  |
| --- |
| Please provide details of any ideas you have for creating or setting this goal. Include potential dates, venues, any previous experience and any limitations/restrictions that may be relevant.  |
| …………………………………………………………….……………………………………………………………………………………………………….……………………………………………………………………………………………………….……………………………………………………………………………………………………….………………………………………… |
| If known, what costs will be involved? ……………………………………… |
| I **confirm the details I have given on this form are true and accurate and agree that details of this application may be shared with others involved in supporting the event/challenge****Signature**………………………………………… **Date**………………………………… |

**Important Note:**

**To proceed with any grant application, we require written consent from the Clinical Specialist or Neurologist, confirming they agree that the person completing the event is fit and healthy enough to do so. No applications can be considered without the formal letter of consent.**