**Application form**

**1. Contact Details** (please give the primary contact’s details)

Name:

Job title (if applicable):

Organisation:

Address:

Email:

Telephone: (O) (Mobile)

Are you a member of the Malaysian Osteoporosis Society? Yes  No

**2. Project Details**

2a) Project title (max 10 words)

|  |
| --- |
|  |

2b) Project start-end dates

|  |
| --- |
|  |

2c) Target audience description, including anticipated numbers

|  |
| --- |
|  |

2d) Project aim and objectives

|  |
| --- |
|  |

2e) Please describe your proposed project (max 300 words)

|  |
| --- |
|  |

2f) Please describe if any other agencies, stakeholders or organisations will be involved

|  |
| --- |
|  |

2g) How will you promote your project to attract your target audience?

|  |
| --- |
|  |

2h) How will you measure impact and consider it successful?

|  |
| --- |
|  |

2i). Do you require additional support from the Malaysian Osteoporosis Society?

|  |
| --- |
|  |

2j). Any additional comments?

|  |
| --- |
|  |

**3. Detailed costings**

Please give a detailed breakdown of total cost and how they will be used.

|  |
| --- |
|  |

**By returning this form, I, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organisation), confirm to the Malaysian Osteoporosis Society that:**

* The above details are correct
* I agree the Malaysian Osteoporosis Society will not be liable to any person in relation to the project (to the extent permitted by law)
* I and my organisation will be responsible for the organisation and running of the project and any issues which may arise from it
* I will put in place and maintain adequate insurance policies to cover all the liabilities which may arise from the project
* In the event that I am unable to deliver the project, I agree to return any funds provided.

**Signed: Date of Application:**