

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 Malay	rsian Osteoporosis Society? Yes □ No □
2. Project Details	
2a) Project title (max 10 words)	
2b) Project start-end dates	
2c) Target audience descriptio	n, 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



(0	rganisation), 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.
Sic	gned: Date of Application:

By returning this form, I, on behalf of _____