

# Mendlesham Community Charity

## Event Planner/Support Request

Name of Applicant	Contact Details
Name of organisation/group (if applicable)	
New group/event/initiative (if applicable)	
Explain what the event/support is and outline its purpose (attach in additional/supporting information if needed)	
How will the event be run? i.e. by who, when, where, for how long (if applicable)	
What sort of support is required i.e. money, item, advice (if applicable)	
How will the event /support benefit the community?	
Provide a risk assessment outlining possible hazards (what could go wrong) and risks (how likely that may happen) and what will be done to mitigate the risk (e.g. First Aids, Wearing Face mask, managing traffic, Food Hygiene certificate, road closures, DBS checks) Write here or confirm form attached <input type="checkbox"/>	
How will the MCC support be recognised by the group/organisation/community?	
If successful, is it likely that your event/support application will be repeated?	
When do you intend/need to run the event/have support?	

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<b>Declaration:</b> (Tick as applicable)	
<input type="checkbox"/> I accept that if the application is successful, it will be discussed at a Community Open Meeting where anyone from the community may attend, listen and make comment.	
<input type="checkbox"/> I would be prepared to make a short presentation at a Community Open Meeting or a Trustee Meeting	
<input type="checkbox"/> I consent to my application details being retained by the MCC and recorded as a member thereof, under the current General Data Protection Regulations and that it will only be used for purposes related to support from the MCC	
<input type="checkbox"/> I agree to keep confidential any personal data that I have access to as a Lead Event Volunteer and will not share any personal data outside the remittent agreed with the Mendlesham Community Charity.	
<input type="checkbox"/> I have read the MCC Guidelines on how to put on an event	
Signed	Date
<b>MCC Trustee/Admin only</b>	
Date received	By who
Date presented to Trustees	
<b>Outcome:</b>	
Approved <input type="checkbox"/>	Date to be presented Open Meeting: Trustee Meeting: (as applicable)
More information needed (give summary of information needed)	
Not Approved <input type="checkbox"/> Summary of why not:	Presentation at a Open Meeting not needed <input type="checkbox"/> Summary of why not:
Signed by a trustee on behalf of MCC	Date
Name:	
Summary of outcome	Date discussed at MCC Board of Trustees Meeting