**CHEXS**

**(Registered charity number 1153769)**

**Supporting Families and the Local Community**

**CHARITY OF THE YEAR**

**SUBMISSION FORM**

**The following information will be treated in the strictest confidence.**

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| --- |
|  |

(Please complete this section in BLOCK CAPITALS)

Name of company / Organisation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact name, email contact **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

information & Job title:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Start date for Charity of the year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

End date for Charity of the year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reason for choosing CHEXS as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

your Charity of the year:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Are you planning any media exposure YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_

for our partnership? (please tick)

If yes, please tick: Advocacy \_\_\_\_\_\_\_\_\_

Signposting \_\_\_\_\_\_\_\_\_

Events \_\_\_\_\_\_\_\_\_

Holding talks \_\_\_\_\_\_\_\_\_

What would your expectations of

CHEXS be? (attending events etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you intend to fundraise during this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

time, if yes, what is the projected amount

you would like to raise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Disclaimer: In filling in this form, you agree to adhere to the answers that you have provided. In addition to this, by filling out this form, you agree for CHEXS to communicate via the means you have provided.***

**Declaration**

I declare that the information given in this form is complete and accurate. I understand these details will be held in confidence by the Company, for the purposes and within compliance with the General Data Protection Regulations. I undertake to notify the Charity immediately of any changes to the above details.

Name: Signed: Date: \_\_\_\_\_\_\_\_\_\_