





INDIVIDUAL SIGN UP FORM

Name (first and last name):

Your contact details

Please provide at the very least **either** your email address **or** a telephone number (preferably mobile). These contact details will be used to contact you about the Cancer Champions initiative.

Email address:

Telephone Number:

Please tick one of the following actions that you will do as a Greater Manchester Cancer Champion (these are things that communities across Greater Manchester have told us matter to them). I want to...

- O learn more so I can talk confidently about cancer with friends and family
- raise awareness about the importance of cancer screening and encouraging people to take part
- speak up about why people in my community are getting cancer and what we could do about it
- talk to people about how a healthy lifestyle can help prevent cancer
- use my experience as someone who had/has cancer, to support others who are living with and beyond cancer
- promote the involvement in services of the family and friends of people living with and beyond cancer
- encourage people in my community or workplace to become a cancer champion
- @CancerChampsGM

www.cancerchampionsgm.org.uk

@gmcancerchamps

info@cancerchampionsgm.org.uk

| Which b | • | • | or which do you worl | k or volunteer ir | 1? |
|---|---|---|---|---|--|
| O Bol | lton | O Bury | • Manchester | O Oldham | ○ Rochdale |
| O Sal | ford | Stockport | • Tameside | Trafford | • Wigan |
| - | | ed in further tr hich apply) | aining in the followi | ng areas? | |
| O En | gageme | nt & Awarenes | s session: 'Talk Cand | cer' | |
| O Cancer Screening Awareness training | | | | | |
| Workplace Cancer Champion training | | | | | |
| O Ot | her (plea | ase state): | | | |
| If you are registering through an Answer Cancer funded organisation, what is it's | | | | | |
| name? | | | | | |
| What languages do you speak? This will be used to determine the demand for information & training in different community languages. | | | | | |
| | | | | | |
| Do you have any accessibility or additional requirements? (Please give details) | | | | | |
| | | | | | |
| I'd like to organise an engagement event in my community. Please follow up with resources and support to help me do this. | | | | | |
| I'm part of an organisation that I'd like to sign up as an organisational Cancer Champion. Please follow up with the resources and support I need to help me do this. | | | | | |
| with my the Answ party wir I have pr activities me by e | role as a wer Can thout my rovided o s. By sigr | a Cancer Chancer partnership y prior addition will only be use ning up as a Ca | North West processing point and sharing modern and sharing modern My data will not be all consent being obtained for communication ancer Champion, I given these purposes only. | y data with mer shared with an ained. The pers n around Cance ve you permissi | mbers of y other third onal details er Champion |
| Signed: | | | | Dated: | |