

# COMMUNITY GRANT SCHEME

## Application form (2025)



### APPLICANT'S DETAILS

Name of Support Group applying for and delivering this application	
Support Group ABN (If applicable)	
Does the Support Group have Deductible Gift Recipient Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support Group Nominee Name	
Support Group Nominee's role(s):	<input type="checkbox"/> Group Leader <input type="checkbox"/> Support Group Member <input type="checkbox"/> Other _____
Nominee's postal address:	
Nominee's email address:	
Nominee's phone number:	

### OVERVIEW OF GRANT REQUEST

*Briefly outline:*

- *How much funding are you applying for?*
- *How will the funding be used and when? Please include any dates related to use of the funding.*
- *How the funding links to PCFA's mission, vision, and values*

### APPLICATION DETAILS

*Applications that align with one or more of the following prostate cancer awareness campaigns or activities will be highly regarded:*

- *Community awareness of:*
  - *Support Groups*
  - *Prostate Cancer Specialist Nurses*
  - *PCFA Support Services (i.e. Telenursing, Telecounselling, MatesConnect)*
  - *The Life Force Program*
- *Men's Health Week (9-15 June)*
  - *PCFA's Walk For Him*
- *Continence Week (June)*
- *Prostate Cancer Awareness Month (1-30 September)*
  - *The Long Run*
  - *PCFA's Light Up Blue Campaign*
- *Early detection and diagnosis of prostate cancer*
  - *PSA testing*
  - *The revised Clinical Guidelines for PSA Testing (expected to be released mid-2025)*

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Prostate Cancer  
Foundation of Australia

A large, empty rectangular box with a thin blue border, intended for the applicant to provide their response to the grant scheme questions.

### REFEREES SUPPORTING THIS NOMINATION

Please outline details of two referees, including a brief statement of support. For example: a member of a support group, community group (e.g. Rotary, sporting club), a health professional and/or community leader (e.g. local MPs). Please keep statements of support to 30 words or include as one of the key supporting documents below.

#### FIRST REFEREE

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

#### SECOND REFEREE

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

### KEY SUPPORTING DOCUMENTS

Please attach all relevant documents to this application form including your proposed budget and supporting quotations along with a brief description of each document below. Documents may include:

- Statements of support from group members or local men and their loved ones.
- Research or evidence to support the grant application.

	Brief description of supporting documents
Document 1:	
Document 2:	
Document 3:	

### DECLARATION

I confirm that the details above are true to the best of my knowledge and have no conflicts of interest to declare.

Name:

Signed:

Date:

***Once you have completed your application form, please return via email to [supportnetwork@pcfa.org.au](mailto:supportnetwork@pcfa.org.au).***

*If you have any further questions, please contact the Support Group Coordinator on 1800 00 22 98.*