



## **Application Form: Cancer Care Accelerator Fund**

This Fund is designed to foster collaboration and provide crucial seed funding to help organisations advance innovation ideas to improve the outcomes for and the experience of patients in Wales affected by Cancer. Project teams, departments or individuals from within UK-registered organisations can apply for an award of up to £10,000.

For full details of eligibility criteria, scope and closing dates, and other relevant information please see the <u>guidance</u> <u>document</u> associated with this funding programme. Applicants should fully complete this application form and submit with any required supporting documentation to <u>hello@lshubwales.com</u> by the closing date of 28/11/2025.

Complete all sections of the form. If you require assistance, please contact us using the e-mail address above. Completed application forms must not exceed 10 pages in length.

Do not include any confidential or commercially sensitive information in the material you submit to us.

All information will be shared with third parties for the purposes of assessing your application against the scope and eligibility criteria.

Section 1: Organisation details	
Lead Company Information	
Organisation Name	
Organisation Sector	
Full Company Address	
Company Number	
details. Please note that if you are successful you w name of the applicant company into which funds ca	on the company, including a Credit Safe Report and Companies House ill need to provide us with evidence of a UK-based bank account in the be paid.
Company Size	
For guidance on company size please see the Compa	anies House website
Details of any parent or related companies	
In order to comply with UK Subsidy regulations we rentity (company group) to which your company belo	need to ensure that you have declared all subsidies from the single legal ongs in Section 9 of this application form.
Will your planned project activities affect trade across the Northern Ireland/ European Union border?	Yes/No
Please provide a yes/no response and information to	support your answer.

## Section 2: Lead Applicant

Note that the named lead applicant must have the organisational approval to submit the application. The Lead applicant will be required to arrange authorised organisational signatory to legally binding documents on behalf of the company if successful.

54666551411	
Lead Applicant name	
Position	
Phone Number	Email Address





Section 3: Activity details			
Activity Title			
Briefly describe the activity yo	u propose to ur	ndertake. Use no more than 200 words	
Start Date	End Date		
Activity Overview			
Activity Objectives			
Include the main objectives of bound (SMART). Max 5 objections	• •	an. Objectives should be Specific, Measu	rable, Achievable, Relevant and Time-
Section 4: Scope			
Describe how your project fits	the		
scope of the funding program			
		the project; how your project outputs w	rill support the scope. You may wish to
attach further details in a supp	porting PDF.		
Section 5: Approach and Deli	NOT!		
• •		who and how you plan to doliver the in	aint activity M/hat approach will you
•	e? You can inclu	, who and how you plan to deliver the joude as many work packages as required tails in a supporting PDF.	
What – what are your planned for this activity	deliverables		
Who – what are the contribut required to deliver the activity	•		
How – what are the contribut required to deliver the activity	•		
		vant milestones for the activity with targ	get completion dates.
			,
<b>Outputs</b> : You should aim to ca here.	apture all outpu	its you plan to achieve here. Consider ar	ny KPI outputs that should be captured
Risks: What are the main risks			
Please describe the main risks	to the project a	and how these will be mitigated.	
Section 6: Activity Partners			
Please list the partner organi	sation's name,	a lead contact name, their position and	their email address
Partner Contributions			





activity.	any financial or non-	-financial ('in kind') cont	tributions that	you or the partners are providing	during the
Financial Contribu	tions				
Partner	Detail		Recipient		
Non-financial ('In	kind') Contributions	5		<u> </u>	
Partner	Detail		Recipient		
Section 7: Costs					
		•	•	. Only costs directly associated wi	•
each item over £5,0 you must provide a	000 in value. A PDF of justification. Quote	copy of any quotes shou es are not required for i	ld be attached internal staff c	tems over £1,999 in value, with two I. If you have not selected the chea osts, but you must provide a daily	pest quote, rate in the
uescription as well a	as a total cost. We fi	nay check any daily rates	s for stall to er	sure that they represent value for	money.
tem description	Supplier	Cost (£)	Addi	tional notes	
Total costs					
explain how the pro	ject represents valu	ie for money.			

## Section 8: Subsidy status

If you are a non-public sector organisation, in order to ensure compliance with UK Subsidy legislation, please complete the following Subsidy declaration.

Please fully declare the following in the form below for the applicant company group (single entity):

- Any UK Subsidy awarded on the basis of the Minimum Financial Assistance exemption (or equivalent predecessor) in the last three years; and
- Any other Subsidy awarded in the last three years.





Avvioud none	Culpaiduradaaaa		ol Act and the Europea	
Award name	Subsidy scheme name	Date of award	Award amount (£)	Awarding body
	Harrie			
	•	TOTA	AL .	
Note that it is the appl	icant's responsibility to f	ully declare all subs	sidies awarded in the l	ast three years. If you are
uncertain as to whethe	er you have received a su	ıbsidy you should ta	ake independent legal	advice.
Section 9: Declaration				
l declare that:				
<ul> <li>I am authorise</li> </ul>	d on hehalf of the Lead	annlicants and Par	tner organisations na	med in Section 1 of this form to
	submit this application o		ther organisations na	med in Section 1 or this form to
· ·	• •		n is complete, corre	ct and accurate at the time of
submission;				
	companies are viable (i.e			
• •	companies and named in		·	naterial itigation; ncluding professional indemnity
insurance;	a modrances are in pie	ice to anow the p	roject to proceed, r	nerdanig professional macrimity
	or the Life Sciences Hub	Wales and delivery	partners to include i	nformation on the company, any
grant awarded	and other non-confiden	tial in public mater	ial such as website pu	blications and case studies;
		·		ım content for Life Sciences Hub
· ·	•	• •	~	ency for subsidies to a third party,
and for the thir	rd party to publish requi	ed data within the	public domain.	
In signing this declarat	ion. I agree for all inform	nation provided by	me in relation to this	application to be used by LSHW
	_			a of the funding programme.
·		·	- ,	
Should Life Sciences Hu				
	ub Wales require evidend	e in support of this	declaration, I agree to	provide this in a timely manner.
I consent to the collect	·		, •	,
	ion of my data provided	in this application a	and agree to it being p	rocessed and used in accordance
with Article 5 UK GDPR	ion of my data provided 2018 and the <u>Life Scienc</u>	in this application a es Hub Wales priva	and agree to it being p cy notice. If you shoul	rocessed and used in accordance d have any questions or concerns
with Article 5 UK GDPR	ion of my data provided 2018 and the <u>Life Scienc</u>	in this application a es Hub Wales priva	and agree to it being p cy notice. If you shoul	rocessed and used in accordance d have any questions or concerns
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with Article 5 UK GDPR about the storage or us Name	ion of my data provided 2018 and the <u>Life Scienc</u>	in this application a es Hub Wales priva	and agree to it being p cy notice. If you shoul	rocessed and used in accordance d have any questions or concerns
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with Article 5 UK GDPR about the storage or us Name Role Date Signature	ion of my data provided 2018 and the <u>Life Scienc</u>	in this application a ses Hub Wales priva ntact the organisat	and agree to it being p cy notice. If you shoul ion's Data Protection (	rocessed and used in accordance d have any questions or concerns
with Article 5 UK GDPR about the storage or us Name Role Date Signature	ion of my data provided 2018 and the <u>Life Scienc</u> se of your data, please co	in this application a ses Hub Wales priva ntact the organisat	and agree to it being p cy notice. If you shoul ion's Data Protection (	rocessed and used in accordance d have any questions or concerns
with Article 5 UK GDPR about the storage or us  Name Role Date Signature Please note that an ele	ion of my data provided 2018 and the <u>Life Scienc</u> se of your data, please co	in this application a ses Hub Wales priva ntact the organisat	and agree to it being p cy notice. If you shoul ion's Data Protection (	rocessed and used in accordance d have any questions or concerns
with Article 5 UK GDPR about the storage or us  Name Role Date Signature Please note that an ele Name	ion of my data provided 2018 and the <u>Life Scienc</u> se of your data, please co	in this application a ses Hub Wales priva ntact the organisat	and agree to it being p cy notice. If you shoul ion's Data Protection (	o provide this in a timely manner.  rocessed and used in accordance d have any questions or concerns Officer at hello@Ishubwales.com.
with Article 5 UK GDPR about the storage or us  Name Role Date Signature Please note that an ele	ion of my data provided 2018 and the <u>Life Scienc</u> se of your data, please co	in this application a ses Hub Wales priva ntact the organisat	and agree to it being p cy notice. If you shoul ion's Data Protection (	rocessed and used in accordance d have any questions or concerns

A second signature is only required if your organisational structure means this is necessary.





## Application checklist

Please check you have fully completed all sections of the application form and attached documents in support of your response as below.

Section	Document	Required/recommended	
4 and 5	PDF Evidence to support fit with scope, and Approach and Delivery.	Recommended	
7	Quotes to support costs	Required	
Note that if you have not attached all the required documents, your application may be declined or delayed.			

---END OF FORM---