

# Tell us your story

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

Would you like to share your experience of cancer to help others? By telling the personal stories of people like you, we help people engage with and understand our work. We also use real stories to influence government and, through the media, inform the public what living with cancer is really like.

We'd be grateful to hear your story – as little or as much as you'd like to share.

By signing this form, you give us permission to use your story in our work. We will get in touch with you if we need more information, and we will always try and let you know where we have used your story, although sometimes we might use it anonymously. Please note, we will never pass on your details to anyone outside Macmillan without your permission.

We will hold your story on our stories library for two years but will contact you every few months to check your details are still correct or if anything has changed.

<b>Date</b>					
<b>First Name</b>			<b>Family Name</b>		
<b>Date of Birth</b>			<b>Male</b>		<b>Female</b>
<b>Ethnicity</b> (to help us be representative of the UK)					
<b>Address</b>					
				<b>Postcode</b>	
<b>Telephone</b>			<b>Mobile</b>		
<b>Email</b>					
<b>Are you: (please x)</b>	<b>Cancer patient</b>		<b>Carer</b>		<b>Other (please state)</b>
<b>Please tell us a bit about any family that you have (partner, children, grandchildren).</b>					
<b>What type of cancer were you/they diagnosed with?</b>					
<b>Date of diagnosis</b>					
<b>Type of treatment</b>					
<b>Have you been helped by Macmillan?</b>				<b>Yes</b>	<b>No</b>
<b>If yes (e.g. nurse, Cancer Line, Macmillan Grant), please give details of what and how they helped. You can continue on extra sheets if you need to.</b>					

Please continue over sheet...

**What's your story? Please tell us about any problems or issues you may have faced.**

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**What kind of financial support did you receive from Macmillan benefits advisers?**

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We would like to be able to use your story in a range of communications. These could include printed publications; adverts; audiovisual and electronic materials (e.g. DVDs, presentations and websites); media work (eg press releases) and display materials (e.g. stands). **Please state here if there are any ways in which you do NOT want us to use your story.**

**Please tick this box if you agree to being depicted as a person affected by cancer.**

I understand and accept the purposes for which Macmillan may use my story. If you are under 16 years of age, your parent or legal guardian must sign this form on your behalf.

<b>Signed</b> or type if emailed		<b>Date</b>	
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**Data protection statement**

The information that you give us here will only be used to contact you about your story. We will not pass the details recorded on this form on to any other organisation without your permission.

**Please return this form to:**

Macmillan Benefits Team, Rowan House, 33 Sheepen Road, Colchester, Essex, CO3 3WG