

SANE Creative Awards Scheme

Application Form



Title Last Name

Date of Birth First Names

Address

Postcode

Telephone

Email

How did you hear about the scheme?

Have you used any of SANE's services in the past?

SANE Creative Awards Scheme

Application Form continued

Do you have a mental health diagnosis?

If so, please give details

Are you a full-time carer for someone with a mental health diagnosis?

If so, please give details

Do you have a mental health diagnosis and additionally care for someone else?

If there is any further information you wish to provide, please do so here

Please provide the name and contact details of your referee

Name

Address

Please attach the following with this form

Letter stating your reasons for applying

Photographic examples of your previous work