

Children

Application

Form



Thank you for your interest in our charity for Scottish Children with Life Threatening Illnesses.

Please complete this form and return to the team at contact@LesHoeyMBEDreamMakerFoundation.org. or to the address below. **Once we have received your form it will be reviewed by our Trustees and if your child is eligible, we will be in touch within 30 days. If you do not hear from us unfortunately your application has been unsuccessful.**

The information you provide is strictly confidential. We welcome applications for any Child from age 1 to 16 years with a Life-Threatening Illness that meet our criteria. (Which is available on request).

The Les Hoey MBE DreamMaker Foundation abides by the Data Protection Act 1998 and operates an Equal Opportunities Policy.

Childs Details:

Name:

Address:

Post Code

Tel :

Date of Birth

Parent/Carer Contact Details:

Name:

Relationship:

Address if different

Post Code:

Tel

Email:

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Health:

Childs illness

Diagnosis Date

What hospital does your child attend.....

Your Childs consultant details

By signing this you are agreeing to us contacting them.

Please provide any other details

Childs Likes:

What are you interested in?

What would you Like DreamMaker to do for you?

Where did you hear about us ?

Is there anything else you would like us to know about your application

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Personal Declaration:

I agree that Les Hoey MBE DreamMaker Foundation may hold and use the data in this form for the purposes of administering within the charity and that such data may be available to those who reasonably need to know the same within the charity. You also give consent for the charity to contact your child's hospital or consultant.

By signing this form I agree to send pictures of my child with any gifts received or at events paid for by the foundation. I give my consent for photos or videos of my child to be used by Les Hoey MBE DreamMaker Foundation. These pictures will be used to generate funds to support more sick children.

Signature of Parent/ Carer

Print Name:

Date

To be completed by Les Hoey MBE DreamMaker Foundation:

I confirm that I have accepted the above Child on behalf of the Les Hoey MBE DreamMaker Foundation.

Name: Job Title:

Form complete and signed by Parent/ Carer:
