

Children

Application

Form



Thank you for your interest in our charity for Children with Life Threatening Illnesses. Please complete this form and return to the team at contact@LesHoeyMBEDreamMakerFoundation.org. or at the address below.

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities. The Les Hoey MBE DreamMaker Foundation abides by the Data Protection Act 1998 and operates an Equal Opportunities Policy.

Childs Details:

Surname:

Forename(s):

Address:

Post Code

Tel (Day): Evening:

DOB

Parent/Carer Contact Details:

Who we contact in an Emergency

Name: Relationship:

Address:

Post Code:

Tel (Day): Email:

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Health:

Childs Life Threatening illness.....

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

Your Likes:

What are you interested in?

Favourite Music

Favourite Celebrity

Favourite Sports

Favourite Cartoons

What would you Like DreamMaker to do for you?

Is there anything else you would like us to know about you 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 also give my consent for photos or videos of my child to be used by Les Hoey MBE DreamMaker Foundation SCIO. If you would like to be removed from our database please contact us on the details below.

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:

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