

Child's name: ..... Child's date of birth: .....

Parents'/Guardians' full names .....

Address: .....

.....

.....

Tel: ..... Mobile: .....

Are you a British citizen? (Proof of this may be requested)

Names & dates of birth of brothers/sisters living at the above address:-

<u>Name</u>	<u>Date of birth</u>
.....	.....
.....	.....
.....	.....
.....	.....

Details of illness/medical condition: .....

.....

.....

.....

A brief description of the impact that this medical condition has on your child's day-to-day life: .....

.....

.....

.....

How long has your child been affected? .....

Name of your child's GP and practice address: .....

.....

.....

Name of primary consultant and address of hospital where child is being treated:

.....

.....

What is your child's dream?

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.....

.....

**Please enclose specific details and 3 quotes.** For example, for house alterations or medical equipment include 3 written quotes; for sensory or household equipment include a list of the items, the supplier's name and costs; for a computer include details of any essential components (i.e. CD Drive or educational software); for a holiday include the desired dates of travel, number of passengers etc.

Why have you chosen this dream? Are there any special reasons behind it? .....

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What difference will this dream make to your child/family? .....

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Please tell us about your child, their personality and what hobbies, interests & activities stimulate them:

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**We require two letters of support for this application. The first MUST be from your child's consultant or GP, and the second can be from one of their support workers** (this can be a social worker, therapist, community nurse, head teacher or similar person holding title of authority). The letter **must** be on their **letter headed paper**, **signed** by the writer, **dated** within the last three months and outline the following:

1. Confirmation of the medical condition of your child
2. Confirming what your child's dream is and why they support that particular dream
3. Confirmation that the dream requested would benefit your child and would not be hazardous (e.g. if applying for an overseas holiday the letter must state that your child is fit to fly)



Promise Dreams helps realise dreams for seriously and terminally ill children and we appreciate that this terminology covers a wide range of medical conditions. Your child must be undergoing treatment at the time of application and in certain cases we may need to approach your child's GP or Consultant for further information. **With this in mind, please complete both permission slips below and return to us with this application form.**

If you would like to be notified before we contact the authors of these letters, please tick this box:



Dear support letter writer,

As the legal guardian of .....(Child's Name) I have applied to Promise Dreams for.....(Child's Dream). Should Promise Dreams require any further information about our family; this child's condition, situation or dream application, I hereby grant permission for you to disclose information to them upon their request.

Signed:..... Print Name:.....

Date:.....



Dear support letter writer,

As the legal guardian of .....(Child's Name) I have applied to Promise Dreams for.....(Child's Dream). Should Promise Dreams require any further information about our family; this child's condition, situation or dream application, I hereby grant permission for you to disclose information to them upon their request.

Signed:..... Print Name:.....

Date:.....

Please be advised when applying to Promise Dreams you are agreeing for your child's name and dream to be shared with other dream granting charities. This information will only be used to ensure that all applications are reviewed fairly.

Have you previously received help from a Charity or other supporting organisation? YES / NO

If yes, from which Charity or organisation? What help did you receive? And when?

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.....

**Please note that Promise Dreams operates a 'once-in-a-lifetime' policy. Unfortunately if your child has already been granted a dream with us we will not be able to help again.**

Have you asked anyone else to help you with this particular dream? YES / NO

If yes, please provide details of whom you have asked and how they are helping:

.....  
.....  
.....

**Promise Dreams is not always able to fully fund every application.  
Please consider the below questions carefully before completing your answers.**

Have you been able to raise any funds yourself towards this dream? YES / NO

If yes, how much have you raised?

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Do you have any further fundraising activities planned? YES / NO

If yes, please provide details:

.....  
.....  
.....

If yes, how much do you expect to raise?.....

If we were able to offer a donation towards this dream from where would you try to obtain funding, not outlined above, so that your dream can be achieved?.....

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How did you hear about Promise Dreams?

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## Can you help us help you?

To help raise the profile of Promise Dreams, many of the people we help allow us to use their story and photographs in publicity material and appeals. Please confirm if you are willing to help with media publicity for Promise Dreams which may include press releases in local, regional and national publications and inclusion on our website:

- Yes, we are willing to help with publicity
- No, we are not willing to help with publicity

Occasionally Promise Dreams will be looking for families who are happy to be filmed receiving their child's dream (circumstances allowing) for footage that will make up promotional materials. If you would be happy to be considered for this then please tick this box:

Promise Dreams are always looking to improve the ways in which we support seriously ill children and their families. Please tick the support services below that you would be interested in if we were to provide them:

- |  |   |
|--|---|
| <input type="checkbox"/> Bereavement counselling                                 | <input type="checkbox"/> Counselling for siblings |
| <input type="checkbox"/> Advice on other services available such as respite care | <input type="checkbox"/> Support after diagnosis  |

If you are happy for Promise Dreams to contact you via email then please give your email address below:

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Funding for all accepted dreams is available for 18months from the date of Trustee approval. If you would like us to notify you in writing three months before the funding expiry date then please tick this box:

### Agreement

**I/We have read and understand the information provided in this form, especially with regard to use of our information and publicity, and confirm that the details I/we have provided are true and accurate.**

**Signature of parent/guardian: .....Date:.....**

### Submitting your application

Once you have **signed** and completed this **application form in full**, attach your **2 letters of support, 3 quotations** and a **photograph** of your child (if you have agreed to publicity) and **return to Promise Dreams**. Once we receive **all** of these documents your application will put before the Selection Committee at their next monthly meeting. Finally send all documents to:

**Promise Dreams, Ground Floor, Edwin House, Boundary Industrial Estate, Stafford Road,  
Wolverhampton, WV10 7EL**

**If you would like to speak to a member of the team about your application please call 01902 212451 or e-mail [info@promisedreams.co.uk](mailto:info@promisedreams.co.uk)**