



Wish Application Form

For your wish to be considered please complete this application form accurately and in full. The form must be completed by the child's parent or legal guardian.

Child's Name:

Date of Birth:

Age:

Address:

Postcode:

Name of Parent/Guardian:

Relationship to the child:

Telephone No. Home:

Mobile:

Email address:

Child's Illness:

Date of Diagnosis:

Child's Hospital:

Where did you hear about us?

What is your wish?

Please provide a description of how this would help:

Have you received a wish previously from Molly Oilly's Wishes or any other organisation? Yes / No

If yes, please give details:

Continued

Are you aware of the therapeutic Olly The Brave toy and books that the charity offers? If yes, how did you hear about them?

The books look to support children, their families and friends, to help them understand their experiences. It provides many opportunities for feelings to be explored and shared.

If you do not already have an Olly The Brave or the books, please let us know if you require them. Please tick if required:

- Olly The Brave Toy and Book 1 - "Olly The Brave and The Wigglys"
- Book 2 – "Olly being Brave and Chemotherapy" and two coloured manes
- Book 3 – "Olly Back at School and the Wiggly Wobbly Tummy"

Your Information

Molly Olly' s Wishes collects personal information when you submit a Wish application. We will use this information (i) to ensure the application meets the Charity's criteria for granting Wishes and (ii) to fulfill the Wish. Molly Olly's Wishes will not share your information with any business outside the Charity for marketing purposes.

I hereby confirm that to the best of my knowledge the information regarding the child named overleaf is correct and give my consent for Molly Olly's Wishes to use this information to fulfill this Wish.

Parent/Guardians signature: _____ Date: _____

Marketing

We would like to send you information about the Charity and its activities by post and email. If you agree to being contacted in this way, please tick the relevant boxes.

Post: Email:

To raise awareness of the Charity, Molly Olly's Wishes also occasionally shares stories about wishes that we have granted. This may involve the use of photographs, video footage and supply of brief details for promotional use. This may involve using your child's picture on our website to illustrate to donors how their money has been used to help your child. If you are happy for Molly Olly's Wishes to share your story, please provide your specific consent below:

I _____ (PLEASE PRINT YOUR NAME)
hereby give my consent for Molly Olly's Wishes to use photographs and/or video footage and brief details for promotional use.

Parent/Guardian's Signature: _____ Date: _____

Please note that you can withdraw your consent to publicity at a later date if you choose to do so.

Please tick this box if you would like to receive our email newsletter

Please Note:

1. Where a wish request meets our criteria and is recommended by the relevant health professionals, we will do our utmost to grant the wish as quickly as possible, provided that the item requested is available. Only one wish will normally be granted per child.
2. By granting wishes, we aim to make the dark days brighter, so the Charity concentrates on wishes that will support children's emotional well-being. The Charity does not normally grant wishes for overseas travel, for activities that the relevant health professionals consider are inappropriate, or for matters which would create an on-going responsibility or commitment for the Charity. For detailed information on criteria, please contact us.
3. Where wishes involve the purchase of a product the Charity is unable to repair or replace the product if it subsequently becomes broken.
4. If you apply for a wish, Molly Olly's Wishes will hold the information you provide for a maximum of 5 years after the date the wish has been fulfilled.

The following section must be completed by a health professional who has been involved in the care of your child.

I _____ (PLEASE PRINT YOUR NAME)
know the above named child and confirm to the best of my knowledge the details provided are correct.

Health Professional Signature _____

Hospital or Organisation _____

Job Description _____

Daytime telephone number _____

Email Address _____

Please return your completed form to
Wish Applications
Molly Olly's Wishes
1 Blackwell Lane, Hatton Park
Nr Warwick CV35 7SU

NB: We would kindly request health professionals to try and ensure that all the wishes are age appropriate and meet Molly Olly's Wishes criteria.

For further information please contact:

Rachel: rachel@mollyolly.co.uk 07747 854914

Jackie: jackie@mollyolly.co.uk 07966 373459