

Wish Referral Form

Child's full name:

Male/Female:

Child's date of birth:

Qualifying illness:

.....

.....

.....

Primary language spoken:

Has the child received or registered for a wish from another organization?

Yes

No

Don't know

If yes, what organization?

About the family

Parent/ Guardian name:

Home address:

.....

Postcode:

Home telephone number:

Mobile number:

Email address:

About the referrer

Name:

Your relationship to the child:

Your full address (if different from the above):

.....

Postcode:

Home telephone number:

Mobile number:

Email address:

Where did you hear about Simon's Heroes?

.....

About the Child's Consultant / Doctor (NOT your GP)

Name of Consultant / Doctor:

Name and address of hospital:

.....

.....

Consultant / Doctor's telephone number:

Wish Information

Please list your 3 wishes in order of preference:

1:

2:

3:

Consent for publicity:

I give Simon's Heroes permission to:

- Use publicity material; or
- Use photographs of myself/**my child**

in publications and promotional materials that may be distributed to the local media, used on social media and other online platforms, including the charity's website. Your name may occasionally be identified with the use of the publicity material and/or photographs. Once your child's story has been written, you will be sent a copy of it to review. Thereafter, you will have 2 weeks to check it and approve the content. We will be happy to make any amends for you. After 2 weeks, if we have not received any feedback from you, we will assume the article is ok to publish.

Signed:.....

Date:.....

(parent/guardian)

Simon's Heroes

WE CAN BE HEROES. FOR MORE THAN ONE DAY...