



Application for a Special Wish

Mission statement

“Our aim is to provide a memorable day for people who are suffering from a life-threatening illness; to give them a special day or weekend to remember and enjoy.”

1. Details of applicant (N.B. Applicants must be 40 years or above)

Name

Address

Postcode **Date of birth**

Contact numbers

Daytime

Mobile

2. Medical condition

Please describe your medical condition and any special needs you may have (e.g. equipment or diet).

I certify that the above information is true.

Signed **Date**

3. Proposed special wish

Please give as much detail as possible about the special day you would like. Continue on the back of the application form if necessary.

Do you have your own transport? **YES** **NO**

4. Details of responsible companion (N.B. Must be above 18 years of age)

Name

Address

Postcode Date of birth

Relationship to applicant

Contact number

I certify that I am willing and capable of taking responsibility for the applicant for the duration of the special day.

Signed Date

5. Details of professional contact

Name

Occupation/capacity in which applicant is known to you

Business address

Postcode

Contact number

In your opinion can the applicant's condition be considered stable enough to undertake the activities outlined in section 3? (Please also consider travelling.)

YES NO

Signed Date

Please provide official stamp below if possible.

6. Names of others to be included (Excluding responsible companion)

Name

Relationship **Age**

Name

Relationship **Age**

Name

Relationship **Age**

Name

Relationship **Age**

Name

Relationship **Age**

The HoneyRose Foundation would like to use details of your special wish and photographs you send to us (brief details only) to assist us with future promotions. Please sign below if you give your consent for us to do this. Please contact us for further details if required. Declining publicity will not affect the Foundation's consideration of your application for a special day.

Signed **Date**

7. Additional information

8. Where did you hear about us?

Internet	<input type="checkbox"/>
Other charity or foundation	<input type="checkbox"/>
Professional contact	<input type="checkbox"/>
Other (please state)	<input type="text"/>

Once completed, please return this form to:

Chris Anders
Special Wish Coordinator
HoneyRose Foundation
18 Hall Street
St Helens
Merseyside
WA10 1DL

If you require more information or have any questions at all, please do not hesitate to contact us using one of the methods below:

Tel: 01744 451919
Email: chris@honeyrosefoundation.co.uk