

ADDITIONAL DETAILS / REQUIRMENTS REGARDING YOUR REQUEST.

Should your grant request be related to practical illness related assistance rather than the answering a Dream / Wish, please skip to the next section...

Patient Name Date of Birth

Medical Condition related to the application

Does your Dream / Wish require travel?. If yes, please answer all the below relevant questions.

Yes

No

If Yes. Does your Dream / Wish require travel arranging as part of the Grant?

Yes

No

If Yes. Does your travel requirements include specialised travel? i.e. wheelchair or medical equipment friendly....

Yes

No

If Yes. Will the patient need further additional travel requirements for the duration of the granted Dream / Wish?

Yes

No

Does your Dream / Wish require the attendance of a trained medical professional to accompany you?

Yes

No

Does the patient suffer from any allergies or phobia's we may need to be aware of?

If Yes, please specify

.....

Will the patient associated to the Grant be accompanied by you, a friend or family member?

Yes

No

If Yes, please read and sign the below Declaration

I hereby confirm that during the upcoming Dream request it was my decision to waiver the option to have a medical professional accompany, (patient name)..... and instead will be accompanied by
Who are a family members / friends. This person is fully aware of the patients medical condition and is capable of providing the correct support should it be needed.

Printed Name Signature

Please state how you heard or came across The Eve Merton Dreams Trust.

Press Story Internet Search Engine Previous Dream Recipient Word of Mouth Event Advertisement

Other (please specify)

I declare that the information in this application is accurate and gives a true account of my/our position, and that the relevant supporting documents can be provided if required. • I understand the information I have provided will be used to process this application for assistance. • I/we agree that the details on this form and other information that I/we may give to the charity in the future about myself/ourselves may be passed to any other organisation potential involved in the Dream / Grant process.* By signing this form I/we agree to the information in the form and any attachments being stored in the charity's filing system and part of this information transferred onto the charity's computer system and database for the sole use of the charity's records. We are committed to ensuring that we handle all data which we hold about you, in a safe and responsible manner and in accordance with the data protection act 1998. The form **must be signed** by you (or your power of attorney) and any person living with you whose income is taken into consideration.

Printed Name of Applicant..... Signed by Applicant.....

Date of Application.....