

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:	M F Prefer Not to Say
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?	
Have you applied for or received a wish previously from	n Molly Ollys? YES/NO
[
What is your wish?	
Please provide a description of how this would help:	



Molly Ollys Therapeutic Aids

Olly The Brave is a soft toy lion with either a central line (Hickman line) or a port (portacath) and a detachable mane (in various colours). The books aim to support children, their families and friends, to help them understand their experiences, and provide many opportunities for feelings to be explored and shared.

We supply the therapeutic toy, coloured manes and books free of charge both to hospitals and directly to families. Please let us know if you are aware of these and whether you have been given them by your hospital, or whether you would like us to send them to you.

I am aware of the therapeutic products	I have been given the relevant therapeutic products by my child's hospital the therapeut							
Yes No	Yes		No					
If you have not received the therapeutic products from your hospital you can ask your health professional for them or alternatively order any of them from us by completing the table below. We understand that not all books will be relevant at the same time. You do not need to order them all together and can contact us at any time to request the appropriate book for your situation.								
Olly The Brave Toy Lion with cer	ntral line		Olly The Brave Toy L	ion with port				
Additional Olly The Brave Coloured Manes (2 max): These aim to help support children through hair loss.								
Pink Mane			Green Mane					
Blue Mane			Orange Mane					
Book 1: Olly The Brave and The Wigglys Olly becomes unwell, is diagnosed, has a central line fitted and prepares for treatment.			Book 3: Olly Back at School and the Wibbly Wobbly Tummy Returning to School after a period in hospital and how things can feel different after being poorly.					
Book 2: Olly being Brave and Chemotherapy			Book 4: For brothers – Ben's big stuff	and sisters				
Olly shares his side effects and feelings whilst having chemotherapy treatment.			Olly's brother Ben shares his worries and feelings – a story for siblings and friends of someone who needs a lot of care.					
PLEASE NOTE: BOOKS 5 & 6 ARE OF A SENSITIVE NATURE. It is important that we draw your attention to the contents of these books so that you can consider and decide the best and most suitable approach for your child.								
Book 5: Beginnings and Endings of Cuddles Olly is undergoing palliative care. The helps with conversations around end feelings and worries.	s – Nights nis book		Book 6: The colours Finding life after Olly This book supports chill family and friends to tal and make space for fee worries.	dren, their k about loss				



Your Information

Molly Ollys 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 providing Wishes and (ii) to fulfill the Wish. Molly Ollys will not share your information with any business outside of the Charity for marketing purposes.

I hereby confirm that to the best of my knowledge the information regarding the child named in this form is correct and give my consent for Molly Ollys to use this information to fulfill this Wish.

Parent/Guardians signature:	Date:
Use of Photographs	
may involve the use of photographs, video footage	es stories about wishes that we have provided. This and supply of brief details for promotional use, and may illustrate to donors how their money has been used to ct details under any circumstances.
If you are happy for the Charity to share your story, note that you can withdraw your consent to publicity	please provide your specific consent below. Please at any time if you wish by contacting us.
Ι	(PLEASE PRINT YOUR NAME)
hereby give my consent for Molly Ollys to use photo promotional use.	ographs and/or video footage and brief details for
Parent/Guardian's Signature:	Date:
Newsletter	
We would like to send you information about the Ch contacted in this way, please tick the box below:	narity and its activities by email. If you agree to being
Please note that you can withdraw your consent to writing.	being contacted at any time by contacting the Charity in



Health Professional Endorsement

To be completed by a health professional involved in your child's care

We kindly request that health professionals try to ensure that:

- 1. Wish requests are age appropriate
- 2. Wish requests meet Molly Ollys criteria which are as follows:
 - a. For children and young people aged 0 to 18
 - b. For children and young people living in the UK
 - c. For children and young people who have a life-threatening illness or condition
 - d. Normally only one wish is given per individual
 - e. Our priority is that wishes support emotional well-being
 - f. We do 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.
- 3. Where a request has also been made for any of the Olly The Brave books, we ask that health professionals check that the book subject is relevant the circumstances of the child.
- 4. Please note that the Charity does not have medical expertise to assess any specific support a child may require for activities, events or accommodation etc. Please therefore let us know so that this can be arranged at time of booking.

	Please tick to confirm that you know the above r the details provided are correct, the request is a		
Health	Professional Name		(PLEASE PRINT)
Health	Professional Signature		
Hospita	al or Organisation		
Role			
Daytim	e telephone number	Email address	

Please Note:

- 1. We do not take into account whether a child has received a wish from another charity.
- 2. 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.
- 3. We expect a wish to be normally taken within 18 months of application.
- 4. The Charity is unable to repair or replace any puchased product if it subsequently becomes broken or lost.
- 5. Molly Ollys will hold the information you provide for a maximum of 5 years after the date the wish is fulfilled.

Please return your completed form to: Wish Applications Molly Olly's Wishes First Floor Offices, 1 Swan Street, Warwick, CV34 4BJ For further information please see our website www.mollyolly.co.uk or contact: Molly Olly Wishes Office: 01926 698735
Rachel: rachel@mollyolly.co.uk 07747 854914
Jackie: jackie@mollyolly.co.uk 07966 373459