



## Wish Application Form

For your wish to be considered please complete this application form accurately and in full (**PLEASE PRINT**). 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: \_\_\_\_\_

Full Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

First Name of Parent/Guardian: \_\_\_\_\_ (**PLEASE PRINT**)

Surname of Parent/Guardian: \_\_\_\_\_ (**PLEASE PRINT**)

Relationship to the child: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 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 Yes <input type="checkbox"/> No <input type="checkbox"/>	I have been given the relevant therapeutic products by my child's hospital Yes <input type="checkbox"/> No <input type="checkbox"/>	I am not interested in the therapeutic products <input type="checkbox"/>
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**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 central line	<input type="checkbox"/>	Olly The Brave Toy Lion with port	<input type="checkbox"/>
Additional Olly The Brave Coloured Manes (2 max) : <i>These aim to help support children through hair loss.</i>			
Pink Mane	<input type="checkbox"/>	Green Mane	<input type="checkbox"/>
Blue Mane	<input type="checkbox"/>	Orange Mane	<input type="checkbox"/>
Book 1: Olly The Brave and The Wigglys <i>Olly becomes unwell, is diagnosed, has a central line fitted and prepares for treatment.</i>	<input type="checkbox"/>	Book 3: Olly Back at School and the Wiggly Wobbly Tummy <i>Returning to School after a period in hospital and how things can feel different after being poorly.</i>	<input type="checkbox"/>
Book 2: Olly being Brave and Chemotherapy <i>Olly shares his side effects and feelings whilst having chemotherapy treatment.</i>	<input type="checkbox"/>	Book 4: For brothers and sisters – Ben's big stuff <i>Olly's brother Ben shares his worries and feelings – a story for siblings and friends of someone who needs a lot of care.</i>	<input type="checkbox"/>
<b><u>PLEASE NOTE: BOOKS 5 &amp; 6 ARE OF A SENSITIVE NATURE.</u></b> <b>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.</b>			
Book 5: Beginnings and Endings – Nights of Cuddles <i>Olly is undergoing palliative care. This book helps with conversations around end of life, and feelings and worries.</i>	<input type="checkbox"/>	Book 6: The colours of the day – Finding life after Olly <i>This book supports children, their family and friends to talk about loss and make space for feelings and worries.</i>	<input type="checkbox"/>



## 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: \_\_\_\_\_

### 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 purchased 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.
6. By completing this Wish application you acknowledge and accept that:
  - the Charity is acting as an agent for you when sourcing and purchasing products or services (**Wish Items**) to fulfil the requested wish;
  - the Charity's purchase and use of the Wish Items shall be subject to the terms and conditions of the relevant supplier of the Wish Items ("**Supplier Terms**");
  - it is your responsibility to review and comply with the Supplier Terms (which can be provided by Molly Ollys on request). Failure to adhere to the Supplier Terms may result in you becoming subject to penalties and/or suspension of or restrictions around the Wish Items, for which the Charity bears no responsibility;
  - the Charity does not make any warranty in respect of the Wish Items. You are relying exclusively on any warranties and specifications set out in the Supplier Terms; and
  - you shall defend, indemnify and hold harmless Molly Ollys, its affiliates and their trustees, officers, agents, employees, successors and assigns, from any claim, action, demand, damage expense, loss, or liability (i) arising from your non-compliance with the Supplier Terms; (ii) arising from any injury or damage you (or your family) may suffer or incur relating to a Wish Item, except where caused by Molly Ollys proven negligence; or (iii) in respect of all and any third party claims (including from Suppliers) asserted arising out of your willful misconduct in the performance of your obligations in relation to the Wish Items;
  - to the maximum extent permitted by applicable law, the Charity shall have no liability for:
    - any loss, injury, damage, delay, inconvenience, or failure in performance arising from the Wish Items, including in respect of any act or omission of a Supplier; or
    - the operation, condition, suitability, quality, safety, or compliance of any products or services (including the Wish Items) provided to you/your child pursuant to a Wish application; and
  - neither you nor the Charity anticipate or intend for the Commercial Agents (Council Directive) Regulations 1993 (as amended from time to time) to apply to the arrangement between you and the Charity in relation to the provision of the Wish Items.



## Use of Photographs

To raise awareness of the Charity, Molly Ollys shares stories about wishes that we have provided. This may involve the use of photographs, video footage and supply of brief details for promotional use, and may involve using your child's picture on our website to illustrate to donors how their money has been used to help your child. We will not use full names or contact details under any circumstances.

If you are happy for the Charity to share your story, please provide your specific consent below. Please note that you can withdraw your consent to publicity at any time if you wish by contacting us.

I \_\_\_\_\_ (PLEASE PRINT YOUR NAME)

hereby give my consent for Molly Ollys to use photographs and/or video footage and brief details for promotional use.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Newsletter

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

Please note that you can withdraw your consent to being contacted at any time by contacting the Charity in writing at:

Wish Applications  
Molly Olly's Wishes  
First Floor Office  
1 Swan Street  
Warwick  
CV34 4BJ



## 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. For children and young people who, at the time of application, are about to start or are receiving treatment or palliative care
  - e. Normally only one wish is given per individual
  - f. Our priority is that wishes support emotional well-being
  - g. We do not grant wishes for overseas travel, for items/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 to 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-named child and that to the best of your knowledge the details provided are correct, the request is appropriate and the child meets our criteria

Health Professional Name \_\_\_\_\_(PLEASE PRINT)

Health Professional Signature \_\_\_\_\_

Hospital or Organisation \_\_\_\_\_

Role \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Please return your completed form to:  
Wish Applications  
Molly Olly's Wishes  
First Floor Office,  
1 Swan Street,  
Warwick, CV34 4BJ

For further information please see our  
website [www.mollyolly.co.uk](http://www.mollyolly.co.uk) or contact:  
Molly Olly Wishes Office: 01926 698735  
Rachel: [rachel@mollyolly.co.uk](mailto:rachel@mollyolly.co.uk) 07747 854914  
Jackie: [jackie@mollyolly.co.uk](mailto:jackie@mollyolly.co.uk) 07966 373459