

Alfie's Wishes grant application for financial assistance

To provide a WISH or TREAT for a child or young adult receiving palliative care for neuroblastoma.

Before completing this application form please contact Vicky Inglis at Vicky@solvingkidscancer.org.uk in the first instance with your request. Please read Alfie's Wishes Terms and Conditions for guidance on completing this grant application form.

DETAILS FOR YOUR APPLICATION

Name of person making the application	Relationship to Child
Home Address	Postcode
Email Address	
Home telephone	Mobile

Please tick how you would like to use the grant? Wish - an experience Treat - a desired item

Who else will benefit from the Wish/Treat?
Please list names/ages/relationship to child

SHARING YOUR STORY

Alfie's Wishes relies on donations to enable the Solving Kids' Cancer (SKC) to sustain the provision of a grant towards Wishes and Treats for children with neuroblastoma receiving palliative care. To help SKC to continue to fundraise and raise awareness we would like to share your story and your Wish/Treat to encourage others to donate.

I _____ [Please print your name] hereby give my consent for SKC Alfie's Wishes, to share my child's story through the use of story text/photographs and/or video footage for promotional use.

Signature _____ **Date** _____
Please note, you can withdraw consent given for promotional use at a later date if needed

OR

I _____ [Please print your name] hereby give consent for SKC Alfie's Wishes, to share my child's story through the use of story text only. I do not permit the use of photographs/video footage for promotional use.

Signature _____ **Date** _____

PREVIOUS WISH

If your child has previously been granted a wish with other charities, please give details:

Please note, this does not influence any grant application with SKC

PURPOSE OF GRANT AND COST BREAKDOWN

Please explain how you intend to use this grant by providing Wish/or Treat details [e.g. Type of Wish or Treat/ Travel/ Accommodation/Other incidental costs] with a breakdown of all the costs you are applying for

Proposed Date of Wish/Treat

BANK ACCOUNT DETAILS

Name of Account

Name of Bank

Account Code

Sort Code

PERMISSION TO OBTAIN MEDICAL INFORMATION

To support and verify this application, SKC will contact your child's consultant on receipt of a signed Alfie's Wishes Grant Application. Please sign to consent to SKC seeking medical information about your child. Where a child is 16 years of age or over he/she must also give signed consent.

I/We _____ [Please print your name(s)] hereby give permission, in support of this application, for SKC to seek medical information to confirm my/our child is receiving palliative care for neuroblastoma from _____ [Name of Consultant]

Parent Signature 1

Parent Signature 2

IF YOUR CHILD IS 16 YEARS OR OVER, THEIR CONSENT IS ALSO NEEDED

I _____ hereby give permission, in support of this application, for SKC to seek medical information to confirm that I am receiving palliative care for neuroblastoma from _____ [Name of Consultant].

Child's Signature

Is there anything else you wish to tell us about this application? If so please outline here

YOUR PERSONAL INFORMATION

We will use the personal details we collect about you and your child, including details of your child's medical condition(s), in order to process your application. We may also use this personal information to publicise our work more widely.

By submitting this application you agree to us using your and your child's personal information as set out here. Please be assured that the personal information will be securely stored and used in accordance with the Data Protection Act 1998.

We would also like to keep you updated with details about our other work and how you can support us. If you do not want to receive such updates, please tick this box

For further information on how we use your personal information, please see our privacy policy.

DECLARATION

1. I confirm that I/ we [cross-out as appropriate] have parental responsibility for the child named above and declare that, if this application is successful, the grant will only be spent on the purposes for which it has been awarded.
2. I confirm that I have read and I agree to the terms and conditions of Alfie's Wishes.

Signature(s)

Date

Print name

HOW TO SUBMIT YOUR APPLICATION AND ANY ATTACHMENTS

Please send your application and any other documents as follows by email to: vicky@solvingkidscancer.org.uk or by post to Solving Kids' Cancer, CAN Mezzanine, 49-51 East Road, London, N1 6AH.

WHAT HAPPENS NEXT?

We will only confirm receipt if we have an email address. Once any points of clarification have been dealt with, we will aim to let you know within 2 weeks of receiving the form if your application has been successful.

We will notify you by email and send a hard copy letter.

FOR OFFICE USE:

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AUTHORISED BY: [CEO/TRUSTEE]

DATE

TERMS AND CONDITIONS

By applying for a grant from Solving Kids' Cancer's (SKC) Alfie's Wishes, you agree that:

1. You are an SKC family who has held a fundraising Journey/Appeal with SKC.
2. You reside in the UK.
3. Your son/daughter is receiving palliative care for neuroblastoma.
4. If your son/daughter is over the age of 18, they can self-refer.
5. Understand that the Wish/Treat requested has a maximum value of £2,000.
6. Only one Wish or one Treat is available per family as per these terms and conditions.
7. You provide all the required information as outlined in the application form.
8. Referral will be through the SKC Family Coordinator.
9. You consent to SKC contacting your child's oncologist for verification on receipt of your completed application.
10. Your son/daughter must consent and sign if 16 years of age and over.
11. SKC will send an acknowledgement email to confirm receipt of application.
12. SKC will send the application to the CEO for authorisation.
13. SKC will notify you within 2 weeks of receiving your application if your application is successful.
14. SKC will send a hardcopy letter of confirmation and electronic version.
15. You use the funds as intended in the application and for no other purpose.
16. If the Wish or Treat options change due to unforeseen circumstances, you will notify the SKC Family Coordinator.
17. You will keep all invoices/receipts and submit to SKC Head of Finance Imran@solvingkidscancer.org.uk for our audit purposes within one month of the receipt of your WISH if applicable.
18. SKC will keep a record of Wishes/Treats granted to share with the public about the work we do.
19. With your permission by signed consent, SKC will share your story through story text, photographs and/or video footage for promotional purposes.
20. Unless otherwise stated, you agree to take photographs for SKC to use on social media to highlight the work we do.
21. SKC will respect your choice of photographs in respect of the sensitivity of the situation.
22. SKC will notify you as to which photographs are to be used before posting in the public domain.
23. Alfie's Wishes belongs to SKC.