



Registered Charity No. 1020016      [www.hopedreams.org](http://www.hopedreams.org)

CHILD'S NAME.....Date of Birth.....

NAME OF PARENT/GUARDIAN APPLYING.....

ADDRESS.....

.....POST CODE.....

TELEPHONE NUMBER (Day)..... (Evening).....

NATURE OF CHILD'S ILLNESS

.....  
.....

CHILD'S DREAM (PLEASE GIVE 3 CHOICES IN ORDER OF PREFERENCE)

1).....

2).....

3).....

I/WE CONSENT TO HOPES AND DREAMS FULFILLING A DREAM FOR THE ABOVE CHILD.  
1/WE AGREE THAT DETAILS OF THE CHILD'S MEDICAL CONDITION CAN BE DIVULGED TO HOPES  
AND DREAMS BY THE DOCTORS CARING FOR HIM/HER.  
SIGNATURE OF PARENT/GUARDIAN

.....  
BROTHERS/SISTERS, NAME/AGE

.....  
CHILD'S GENERAL PRACTITIONER CHILD'S HOSPITAL CONSULTANT

NAME..... NAME.....

ADDRESS..... ADDRESS.....

.....POST CODE.....POST CODE.....

TELEPHONE NO..... TELEPHONE NO.....

DATE..... WHERE DID YOU HEAR ABOUT US? .....

.....

**Chair: Ruth Salah**    **Vice-Chair: Simone Vigon**    **Secretary: Shelley Selner**    **Treasurer: Janet Tankel**  
**Patrons: Prof. Judith M. Chessel Mitch Winehouse Linda Robson Belinda Carlisle Vicky Michelle**  
**38 Somersby Gardens Redbridge Essex IG4 5EA Tel/Fax 020 8550 4404**