

Wish Application

Please complete the information below about the child you are nominating.

Make-A-Wish grants wishes to children (age 3 to 17) living with a life-threatening illness.

Part 1 of 2

First Name of Child:		Surname:		Preferred Name:	
Date of Birth:		Age:		Address:	
Gender:				Town:	
Primary Language:				County:	
				Eircode:	
Home Tel No.:					
Mobile No.:		Mother/Father/Other (Please circle)			
Mobile No.:		Mother/Father/Other (Please circle)			
Email:		Mother/Father/Other (Please circle)			
Email:		Mother/Father/Other (Please circle)			
Child's School & Class/Year:					
Child's Primary Diagnosis:					
Date of Diagnosis:					
Current State of Child's Health:					
Can the child express a wish? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Consultant's Name:				Hospital	
Consultant's Secretary:				Tel No:	
Social Worker Name:				Clinical Nurse Co-Ordinator Name:	
Has the child had a wish before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know					
How did you hear about Make-A-Wish?				Subscribe here to our email list to receive updates on our Wishgranting and fundraising activities <input type="checkbox"/>	

List below all family members living with the nominated child, i.e. parents, brothers, sisters

Name (incl. surname)	Relationship to child	Date of birth	Age

Part 2 of 2

This information will help us tailor an appropriate wish for your child:	
Communication - (Please circle)	Good Poor Non-Verbal Sign Language Non-Communicative Deaf Blind/Visual Impairment
Mobility - (Please circle)	Walks unaided Moderate(needs assistance) Poor Manual Wheelchair Electric Wheelchair Buggy/Trike Frame Crutches

Please tick ✓ the following boxes before submitting this application to ensure you understand and consent to the following:

- I understand that any personal data provide as part of this wish application, including special category data contained in my medical record, will be processed by Make-A-Wish in the manner described in the Privacy Notice and I consent to such processing. Full details are available in our Wish Family Privacy Notice available on our website, www.makeawish.ie.
- All information provided in this form is handled in full compliance with current data protection legislation including the EU Regulation 2016/679 General Data Protection Regulation (“GDPR”). Full details are available in our Wish Family Privacy Notice available on our website, www.makeawish.ie.
- I agree to allow personal information about me to be shared with third parties including Make-A-Wish International and Volunteers
- I consent to my personal data being transferred outside of the EEA to countries such as the US which do not offer the same levels of data protection as the EU.

We/I, the Child's Parent(s)/Guardian authorise Make-A-Wish to obtain all medical information about the Child which Make-A-Wish may feel necessary for consideration or fulfilment of the wish and authorise all physicians and medical care providers including the Child's Physician, to provide Make-A-Wish with all medical information regarding the Child

We/I hereby confirm and undertake that all parents / legal guardians of the wish child have signed this form and that there are no legal, access, guardianship, care or custody arrangements in place which may impact or be relevant to the granting of any wish by Make-A-Wish.

We/I confirm that the information in this application is complete & true, to the best of my knowledge.

Parent's / Legal Guardian's Name:	Signature:	Date:
Parent's / Legal Guardian's Name:	Signature:	Date:
Notes (office use only)		