



## GRANT APPLICATION FORM

To the child's guardians: Kindly print out and fill in Sections A-C as applicable, then pass on to your child's medical specialist to fill in Section D, and then send on to:

The Ladybird Foundation  
30, Middle Street  
Siggiewi, SGW 1203.

### Section A – The Child

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: Girl/Boy (*kindly circle as applicable*)

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

Illness/Condition: \_\_\_\_\_

### Section B – Family

#### *Mother/Partner*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mob: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment commenced: \_\_\_\_\_

Signature: \_\_\_\_\_

#### *Father/Partner*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mob: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment commenced: \_\_\_\_\_

Signature: \_\_\_\_\_

*What languages do the family speak?*

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*Has the family ever been granted funds to travel overseas from another source? If so kindly give details of the granting body and the way the funds were used.*

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*Kindly give details of any overseas holidays taken by the family in the last 3 years:*

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*Name, age and gender of any siblings:*

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*Are all members of the family eligible for an EU Passport? Yes/No*

**Section C – The Wish or Request**

*What is your child's dream? Where would she/he like to go? Who would she/he like to meet? What event would she/he love to attend? What object would make them especially happy? (e.g. Visit Disneyland, watch 'The Lion King' in London, meet Wayne Rooney or watch a Premier League team, buy a musical instrument or an iPad etc.)*

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**Section D – Endorsement by Medical Specialist**

Name of Medical Specialist in full: \_\_\_\_\_

Email: \_\_\_\_\_ Mob: \_\_\_\_\_

Position: \_\_\_\_\_

Child's Condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To the best of your knowledge, is the information supplied in Sections A-C correct? Yes/No*

*How long have you known the child?* \_\_\_\_\_

*I would classify this child's condition as (Kindly circle as appropriate):*

Terminal, life-threatening, Life-affecting, Critical, Serious, Long-lasting.

*Medication that is/might be required*

<b>Medication</b>	<b>Dose</b>	<b>Formulation</b>	<b>Frequency</b>	<b>Comments</b> <i>(e.g. when required, storage conditions, etc.)</i>

*Can the family administer this medication themselves, or would accompanying or on-site medical personnel be necessary? Any other comments on medication.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Other medical Needs:*

*Oxygen: Yes/No*

*Wheelchair: Yes/No,     Dimensions:*

*IV Poles: Yes/No*

*Accompanying health professional: Yes/No*

*Access to on-site health professionals: Yes/No*

*Special Diet: Yes/No      Details:*

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*Will there be special medical/logistical needs on location? If so please give some details:*

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*Any other remarks or considerations:*

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*I have seen the wish or request being made and I can confirm that granting it, while taking the above into account, would be of benefit to this child's well-being.*

*Signed:*

*Date:*