Purple Heart Wishes

Registered Charity No. 1171534

T: 07388 514837
E: enquiries@purpleheartwishes.org
W: www.purpleheartwishes.org

Wish Application Form

When a person is diagnosed with a terminal illness, there never seems to be enough time or money in the world to achieve any of the individuals wishes. Family and friends will go out of their way to make every moment they have left as memorable as possible.

We want to help with that by granting a wish for people experiencing something awful in the prime of their lives. All we hope is that we can help make something special happen by granting them a day out (sometimes a night), remembrance gifts for the family, a trip to the theatre, and many other memorable things they might wish for.

All you have to do is complete this simple application form with your details, including any accompanying adult.

You will have to ask a medical professional to complete a couple of sections i.e. nurse, GP, registrar, or consultant who is familiar with your condition.

If you are getting in touch with us from a hospice, NHS foundation trust, or similar please contact us directly by calling: 07388 514 837.

Are you eligible?

Wishes can only take place in the UK. We do not grant monetary wishes.

Before completing this form, please consider the below points to see whether or not you are eligible for our wishes:

- Are aged 18 to 55
- Resident in the UK
- Not already had a wish granted by Purple Heart Wishes or any other wish granting charity based in the UK - To enable us to grant more wishes for those who apply, we are only able to grant one wish per person.
- Receiving treatment for a terminal illness* on the date we receive your application.

** This includes, but is not limited to cancer, motor neurone disease, cystic fibrosis & Huntington's disease. Terminal illness may also include those in palliative care, those in advanced stages of progressive degenerative conditions, severe muscle wasting diseases, neurological diseases & organ failure.*

Whilst we will always strive to fulfil the request of every eligible applicant, the number of wishes we are able to grant at any one time is limited. Therefore eligibility does not guarantee that we will be able to arrange a wish.

Once you have completed your application, please scan or photograph the forms and email to: enquiries@purpleheartwishes.org

If you do not have access to email or you want to talk to us about your application, please do not hesitate to contact a member of the team on: 07388 514837.

Section 1: Applicant Details

Title

Mr Mrs Miss Ms Other (Please state)

Full Name

Prefer to be known as

Address

Postcode

Phone Number

Email Address

Date of Birth

How did you hear about us?

Medical professional Print media Internet

Social media Word of mouth Charity literature

Other (Please state)

Purple Heart Wishes is a small charity that relies 100% on wonderful fundraisers and donations. To provide wishes, we must be cautious about how we spend our funds, therefore we cannot guarantee granting a wish during peak holiday periods. Our aim is to work with, and support you, to find a solution to ensure life-long memories are made.

We will endeavour to do everything we can to grant a wish for you exactly how you want it to be. However, this may not always be possible and out of our control.

What are your top **2** wishes? (List most wanted first)

Wishes will be granted within a 3 month period of being accepted by Purple Heart Wishes.

PLEASE NOTE

By completing this application, you are agreeing to provide us with a photograph of the applicant/wishee that can be used on social media to help us promote the charity. (This could be a photo of the applicant prior to diagnosis.)

You are further agreeing to provide a testimonial after the wish has been granted, which will be used on our social media platforms. We rely on the photos and testimonials to help with fundraising and to raise awareness.

Please sign below to confirm that you agree to our terms and conditions. (Located at purpleheartwishes.org)

Applicant signature/Signed on behalf of

Date

If the applicant is unable to sign, please state your relationship to the applicant:

Section 2: Friend, Family Member, or Accompanying Adult

Relationship to applicant

Husband/Wife Partner Parent Sibling Friend Carer

Other (Please state)

Who else, if possible, would you like to accompany you on a wish? (Please list full names, ages, and relationship to you.)

Title

Mr Mrs Miss Ms Other (Please state)

Full Name

Prefer to be known as

Address

Postcode

Phone Number

Email Address

Date of Birth

Please sign below to confirm that you agree to our terms and conditions. (Located at purpleheartwishes.org)

Accompanying adult signature

Date

Section 3: Medical Professional

Please consider the following before completing this application:

- You have regular contact with the applicant and/or see them on a regular basis
- You have knowledge of their care requirements and treatment
- The applicant has been diagnosed with a terminal illness
- You are a medical professional, such as: *Nurse, GP, Registrar, Consultant*

Unfortunately we are unable to accept recommendations from radiographers, as the professional needs to have a long term medical relationship with the applicant/wishee.

Title

Dr Nurse Mr Mrs Miss Ms

Other

Full Name

Prefer to be known as

Job Title

Medical Establishment

Work Address

Postcode

Phone Number

Email Address

How did you hear about us?

Patient Colleague Social Worker Medical professional

Print media Internet Social media Word of mouth

Charity literature Used before Other (Please state)

Please complete Section 4, sign and date.

Section 4: Medical Information

Diagnosis

Date of diagnosis

D D M M Y Y Y Y

Current treatment

Any mobility difficulties

Any communication difficulties

Any breathing difficulties

Any dietary requirements

Any other relevant health information

By signing this form, you agree that we can contact you to confirm diagnostics for the wish to be granted.

Signature

Date