

## 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 wish.

All you have to do is complete the simple application form with your details and any accompanying adult. You will have to ask a medical professional to also complete a section for us: ie: nurse, GP, registrar or consultant who is familiar with your condition.

If you are getting in touch with us from a hospice, please contact us directly.

### Are you eligible?

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

- Are aged over 18
- Resident in the United Kingdom.
- Not already had a wish with PHW's or any other wish granting charity – unfortunately 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 time is limited. Therefore eligibility does not guarantee that we will be able to arrange a wish.*

*We will do everything we can to grant a wish for you, exactly how you want it, however this may not always be possible.*

*Wishes can only take place in the UK.*

### Send to

Once you have completed your application please send to:

**Purple Heart Wishes, 7 Berkley Close, South Cerney, Cirencester, GL7 5UN**

If you want to talk to us about your application please do not hesitate to contact Liz on: 01285 671544 or 07468 600744 or email to [hello@purpleheartwishes.org](mailto:hello@purpleheartwishes.org)

# Section 1: Applicant Details

Title

Mr  Mrs  Miss  Ms  Other

Full Name

Prefer to be known as

Address

Postcode

Phone Number

Email Address

Date of Birth

Over 18?

How did you hear about us?

Medical professional  Print media  Internet

Social media  Word of mouth  Charity literature

Other

What are your top **2** wishes?

*List most wanted first*

Ideally when would you like to be granted your wish?

Who else, if possible, would you like to accompany you on a wish?

*Please list full names, ages and relationship to you*

Please sign below to confirm that you agree to our terms and conditions.

*These can be found on our website at [www.purpleheartwishes.org](http://www.purpleheartwishes.org)*

Applicant signature

Date

If you are unable to sign due to a disability, please tick here

## Section 2: Accompanying Adult

Title

Mr

Mrs

Miss

Ms

Other

Full Name

Prefer to be known as

Address

Postcode

Phone Number

Email Address

Date of Birth

Relationship to applicant

Husband/Wife

Partner

Parent

Brother/Sister

Friend

Carer

Other

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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 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 we need the professional to have a long term medical relationship with the patient)*

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 sign below to confirm that you agree to our terms and conditions.

*These can be found on our website at [www.purpleheartwishes.org](http://www.purpleheartwishes.org)*

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

Signature

Date

## Section 4: Medical Information

Diagnosis

Date of diagnosis

Current treatment

Any mobility difficulties

Any communication difficulties

Any breathing difficulties

Any dietary requirements

Any other relevant health information

# Section 5: Health Care Professional or Social Worker Recommendation

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 sign below to confirm that you agree to our terms and conditions.

*These can be found on our website at [www.purpleheartwishes.org](http://www.purpleheartwishes.org)*

Signature

Date