

About Make-A-Wish

Make-A-Wish creates life-changing wishes for children with critical illnesses. Here's everything you need to know about referring a child for a wish:

Who is eligible for a wish?

Any child or young person who

- Is aged 3-17 inclusive
- Is living with a critical illness
- Has not previously had a wish granted by another wishgranting organisation

Who can refer a child?

- Medical and care professionals: consultants, doctors, nurses, social workers
- Family members: parents, grandparents, siblings or guardians
- Children can refer themselves

What happens next?

- We write to the child's consultant to find out if their condition qualifies them for a wish
- We will send a short application form to be completed by the family
- We will arrange for two of our trained volunteers to visit and find out more about the child and their wish

To read more about the wish process, and steps of the Wish Journey, visit- www.make-a-wish.org.uk

Questions?

Please contact the Wishgranting team, who will be happy to help:

Call: 01276 40 50 70

Email: referrals@makeawish.org.uk

Make-A-Wish[®]
UNITED KINGDOM

**Refer a child
to Make-A-Wish[®] UK**

www.make-a-wish.org.uk



Charity Reg Nos: 295672/SC037479

About the child

Child's full name

Male/Female

Child's date of birth

Qualifying illness

Primary language spoken

Has the child received or registered for a wish from another organisation? Yes No Don't know

If Yes, which organisation?

About the family

Parent/guardian name

Home address

Postcode

Home telephone number

Mobile number: Mother

Father

Email address

About the referrer

Name

Your relationship to the child

Your full address (if different from above)

Postcode

Telephone number

Mobile number

Email address

Where did you hear about Make-A-Wish?

About the child's Consultant/Doctor (Not your GP)

Name of Consultant/Doctor

Name and address of hospital

Consultant/Doctor's telephone number

Consultant/Doctor's fax number

Email address

Medical release form

Please fill in the section below, giving Make-A-Wish permission to receive medical information about this child.

If the child is over 16, and they are able, they must sign this part themselves.

I, parent/guardian, **[insert your name]**

hereby give permission for Consultant/Doctor **[insert your Consultant/Doctor's name below]**

to release the required medical information regarding **[insert child's name below]**

Signed