



WISH APPLICATION FORM

We grant special wishes to children between the ages of 2-18 with the hope of putting a smile back on their faces and creating beautiful memories. If you are battling a chronic illness and your child/children deserves to have a wonderful wish granted, please read, complete and submit each of the forms below.

We also accept telephone referrals, so if you have any problems completing the forms then please contact us on 0203 609 4538

ONLINE FORM

How did you hear about us?

- From a Friend
- Online
- Via post communication
- Via a phone call
- Other _____

Title: _____

Parent/Carers First Name*: _____

Parent/Carers Surname*: _____

Primary Language: _____

Contact Telephone Number*: _____

Email Address*: _____

Address line 1*: _____

Address line 2: _____

City*: _____

Postcode*: _____

Which family member is chronically ill? (please briefly describe their illness here)

Child 1 - Name and Age*: _____

Child 2 - Name and Age: _____

Child 3 - Name and Age: _____

If you have more than three children please add additional information below:

Now for the important bit! Please outline below the details of your child/children's wish request:

I confirm that I am the legal parent/guardian of the named child/children and wish to apply for a Grant a Smile Children's wish.

Please submit a photo of your child/children. This may be used to promote the wish in order to make it happen (i.e. fundraising). Please return the completed form to admin@grantasmile.org.uk