



Charity Number 1123662

CHARITY NO: 1123662

For office use only
DATE RECEIVED.....
DREAM NUMBER .....
ALLOCATED DREAM MAKER
1.....
2.....

## DREAM REQUEST

Any information provided will be completely confidential.  
We cannot guarantee that we will be able to grant all dream requests.

**THE DREAM FACTORY GRANTS DREAMS IN GREATER LONDON & THE SOUTH EAST  
WITHIN APPROXIMATELY 70 MILES OF THE CHIGWELL & HAINAULT AREA, ESSEX**

To enable us to process your dream as quickly as possible, please ensure all areas are completed, including the  
Publicity Consent Form as appropriate, and return to The Dream Factory,  
together with a photograph of the child.

**PLEASE PRINT CLEARLY**

<b>CHILD'S NAME :</b>			
<b>DATE OF BIRTH :</b>		<b>M / F :</b>	
<b>CHILD'S ADDRESS :</b>			
<b>PARENT/GUARDIAN'S NAME :</b>			
<b>PARENT/GUARDIAN'S TELEPHONE NUMBERS :</b>			
<b>PARENT/GUARDIAN'S E MAIL ADDRESS :</b>			
<b>NAME OF PERSON COMPLETING THIS REQUEST :</b>			
<b>YOUR RELATIONSHIP TO CHILD (Please circle) :</b>	<b>PARENT / GUARDIAN / CARER/ TEACHER/ OTHER (Please circle)</b>		
<b>YOUR TELEPHONE NUMBERS : (If different from above)</b>			

<b>YOUR E MAIL ADDRESS :</b> (If different from above)	
<b>NATURE OF CHILD'S ILLNESS :</b>	
<b>CHILD'S DREAM :</b> (Please give up to 3 wishes in order of preference)	1.
	2.
	3.
<b>HOW DID YOU HEAR ABOUT THE DREAM FACTORY :</b>	
<b>HAS YOUR CHILD ALREADY HAD A DREAM GRANTED ?</b>	
<b>IF SO,</b> 1.WHAT WAS THE DREAM? 2.WHO GRANTED THE DREAM? 3.WHEN WAS IT GRANTED ?	

## PLEASE ENCLOSE A RECENT PHOTOGRAPH.

IF YOU REQUIRE HELP WITH THIS FORM PLEASE TELEPHONE THE DREAM FACTORY OFFICE :-

0208 501 1234

**I/WE WOULD LIKE A DREAM TO BE FULFILLED FOR THIS CHILD.**

SIGNATURE OF PARENT/GUARDIAN .....

DATE .....

## DREAM REQUEST – FURTHER INFORMATION

TO ENABLE US TO PROCEED WITH YOUR CHILD'S DREAM REQUEST WE REQUIRE THE FOLLOWING INFORMATION. ANY INFORMATION NOT REQUIRED WILL BE DELETED.

<b>PLEASE GIVE BRIEF DESCRIPTION OF YOUR CHILD'S ILLNESS/DISABILITY :</b>	
<b>DETAILS OF MOBILITY AND SPECIAL NEEDS :</b>	
<b>NAME AND ADDRESS OF CHILD'S G.P. ;</b>	
<b>NAME OF HOSPITAL CONSULTANT :</b>	
<b>NAME AND ADDRESS OF HOSPITAL :</b>	
<b>NAME AND ADDRESS OF THERAPIST/SPECIALIST NURSE/PLAY THERAPIST :</b>	



## PUBLICITY CONSENT FORM

### CONSENT TO PHOTOGRAPH, FILM AND/OR INTERVIEW A CHILD OR YOUNG PERSON

We are often asked by newspapers, magazines and television for photographs, films or interviews with children or young people who have had a Wish or Dream granted. **Your child will not be involved unless you agree.**

A member of The Dream Factory will explain what the photograph, film or interview is for and how it will be used. Please note we have no control about the re-use if they have been taken by an outside organisation. Please contact us if you have any further concerns or questions.

Please tick boxes below to confirm that you are happy for your child to be photographed/filmed/interviewed and for these to be used for the following purposes, or if you prefer to have no publicity :

1.	Sponsorship purposes only	To be used in the work environment to assist in gaining funds from potential sponsors	YES / NO
2.	The Dream Factory website	<a href="http://www.yourdreamfactory.org">www.yourdreamfactory.org</a>	YES / NO
3.	Publicity Purposes	Fundraising material/leaflets/newsletters/external publications. The Dream Factory Facebook and Twitter.	YES / NO
4.	No Publicity	None of the above	YES / NO

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

## MEDICAL RELEASE FORM

I \_\_\_\_\_

(PARENT/GUARDIAN/CHILD OVER 16 YEARS) HEREBY GIVE PERMISSION FOR

---

(CONSULTANT/DOCTOR/NURSE/THERAPIST NAME)

TO RELEASE TO THE DREAM FACTORY THE REQUIRED MEDICAL INFORMATION REGARDING

---

(CHILD'S NAME)

SIGNED: \_\_\_\_\_ PARENT/GUARDIAN/CHILD\* (DELETE AS APPROPRIATE)

\*IF A CHILD IS OVER 16 YEARS OF AGE THEY MUST FILL OUT THIS FORM THEMSELVES IF CAPABLE. WE CANNOT PROCEED WITHOUT THE ABOVE FORM BEING SIGNED.

## GENERAL DATA PROTECTION REGULATION

We promise never to pass on your details to another organisation for marketing purposes. We will store your data confidentially and securely. Our privacy policy covers in more detail how we store and protect data. Everything you tell us will be treated confidentially.

**Please complete the following :-**

I agree to The Dream Factory storing information about me/my child.	YES / NO
Please tell us how you wish to be contacted.	E-mail / text / mobile / home telephone
Can we leave a message?	YES / NO

You can change your preferences on what you receive from us, including marketing and fundraising materials, or how we contact you, by mail, phone or email, at any time.

You have the right to ask us to erase your personal data, to ask us to restrict our processing or to object to our processing of your personal data. You can do so at any time by writing to us.

**PLEASE RETURN ALL THESE FORMS AND A RECENT PHOTOGRAPH TO:**

THE DREAM FACTORY  
SOUTH EASTERN HOUSE  
62-70 FOWLER ROAD  
HAINAULT  
ESSEX  
IG6 3UT

**OR E MAIL TO : [info@yourdreamfactory.org](mailto:info@yourdreamfactory.org)**