



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 WITHIN APPROXIMATELY 50 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

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

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

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



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	www.yourdreamfactory.org	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.

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