

Special Day Application Form

Updated May 2018



Willow is the only **national charity** working with seriously ill **16 to 40 year olds** to fulfil **uplifting** and **unforgettable Special Days**.

Every day deserves to be treated as precious but the pressures of diagnosis, treatment and recovery can be overwhelming. Willow aims to redress the balance: providing unique and unforgettable Special Days tailored to your needs. All Special Days must take place in the UK and can be anything from day out to a short break. Examples of popular Special Day requests include city breaks, holiday park breaks, concerts, sporting events and theme parks.

Applying is simple. Fill out details about yourself overleaf. Section 2 is for the accompanying adult to complete. This is the main person attending your Special Day (other than yourself) and could be your husband/wife, partner, friend or relative. You will also need to ask a healthcare professional to complete sections 3 and 4, this can be a nurse, GP, registrar or consultant, who you see regularly and is familiar with your condition.

Please note that Section 1 – 4 MUST be fully completed for your application to be processed. Any missing information may result in your application being delayed or rejected.

To be eligible for a Special Day you must be:

-  aged between 16 and 40 (inclusive, on the date we receive your completed application form)
-  a resident in the United Kingdom
-  receiving treatment for a life-threatening illness (eg cancer, motor neurone disease, cystic fibrosis and Huntington's disease amongst others) on the date we receive your completed application.
-  not previously had a Special Day through Willow

You can post your completed form back to us using the Freepost address below:

Freepost RTSC-SULK-GBZZ, Willow, Gate House, Fretherne Road, Welwyn Garden City, Hertfordshire AL8 6NS

You can also submit your application via fax to **01707 259289** or send a scanned copy to us via email to **info@willowfoundation.org.uk**

Section 1 – Applicant's Details

Title: Mr Mrs Miss Ms Other

Gender: Male Female

Full name: Prefer to be known as:

Address:

Postcode: Email:

Phone: Mobile:

Date of Birth (dd/mm/yyyy) / /

How did you hear about us? Medical professional Print Media Internet

Social Media Word of mouth Charity literature Other

What would you like to do on your Special Day?

Ideally, when would you like to go on your Special Day?

Who else, if possible, would you like to accompany you on your Special Day?
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 p 7.

Applicant's signature _____ Date _____

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

We want to ensure we communicate with you in the way that suits you best, before and after your Special Day. Please select your communication preferences below. Remember if you would like Willow to stay in touch please give us permission to do so. We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy and Supporter Promise please visit www.willowfoundation.org.uk/privacy

Yes I would like to hear from Willow about upcoming fundraising events and campaigns, receive a monthly newsletter and occasional requests for support by email.

Yes I am happy for Willow to contact me over the phone.

We would also like to keep you updated on Special Days, our other events and activities and to make the occasional request for support via direct marketing materials through the post. If you **do not** wish to be contacted in this way **please tick this box.**

We understand that you may want to change your communication preferences in the future. We will give you another opportunity to do so after your Special Day or you can change your mind at any time by contacting us at DPO@willowfoundation.org.uk or over the phone on 01707 259777.

Section 2 – Accompanying Adult

You must be accompanied on your Special Day by an adult (aged 18 years or over) who is familiar with your condition and can provide you with assistance if it becomes necessary.

If you are under 18, this must be your parent or guardian, unless your parent or guardian has provided written permission for you to be accompanied by another adult.

Title: Mr Mrs Miss Ms Other

Gender: Male Female

Full name: **Prefer to be known as:**

Address:

Postcode: **Email:**

Phone: **Mobile:**

Date of Birth (dd/mm/yyyy) / /

Relationship to applicant: Husband/Wife Partner Parent Brother/Sister

Friend Other

Please sign below to confirm that you agree to our terms and conditions. These can be found on p 7.

Signature _____ Date _____

We want to ensure we communicate with you in the way that best suits you, once you have been on the Special Day with your loved one. Please select your communication preferences below. Remember if you would like Willow to stay in touch please give us permission to do so. We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy and Supporter Promise please visit www.willowfoundation.org.uk/privacy

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Sections 3 & 4 must be completed by a medical professional who is in regular contact with you and who has knowledge of your care and treatment. For example a nurse, GP, registrar or consultant, who you see regularly.

Please note that we no longer accept referrals from Radiographers as we need the referrer to have a long term medical relationship with the patient both during and post treatment.

Section 3 – Medical Referrer Contact Details

Name (medical professional completing this form):

Title: Dr Nurse Mr Mrs Miss Ms

Other

Job title: *

Medical Establishment:

Work Address:

Postcode:

Work Email:

Work Phone: Work Mobile:

How did you hear about us? Used before Print Media Internet Social Media

Word of mouth Charity literature Colleague Social Worker Patient

Other (please specify)

Please sign below to confirm that you agree to our terms and conditions. These can be found on p 7. We will contact you to discuss the applicants eligibility and suitability for a Special Day.

Signature _____ Date _____

We will communicate with you to facilitate the Special Day that you have referred. Once the Special Day has taken place we would like to keep in touch with you to keep you up to date with our work and ask for feedback on our service, please select your communication preferences below. Remember if you would like Willow to stay in touch please give us permission to do so. We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy and Supporter Promise please visit www.willowfoundation.org.uk/privacy

Yes I would like to hear from Willow about upcoming fundraising events and campaigns, receive a monthly newsletter and occasional requests for support by email.

Yes I am happy for Willow to contact me over the phone.

We would also like to keep you updated on how your support has helped Special Days, our other events and activities and to make the occasional request for support via direct marketing materials through the post. If you **do not** wish to be contacted in this way **please tick this box.**

We understand that you may want to change your communication preferences once you have helped us with this Special Day. You can change them at any time by contacting us at DPO@willowfoundation.org.uk or over the phone on 01707 259777.

Section 4 – Medical Information

Please make sure this page is fully completed to avoid delaying the application.

Diagnosis:

Date of Diagnosis: / /

Current Treatment:

Any mobility difficulties?

Any communication difficulties?

Any breathing difficulties?

Any dietary requirements?

Elimination?

Any other relevant health information?



If you feel an allied health care professional or social worker who is familiar with your condition would be able to assist in helping us to arrange your Special Day please ask them to fill in Section 5.

Section 5 – Allied Health Care Professional or Social Worker

Name of allied health or social care professional:

Title: Mr Mrs Miss Ms

Other

Job title: *

Medical Establishment:

Work Address:

Postcode:

Work Email:

Work Phone: Work Mobile:

How did you hear about us? Used before Print Media Internet Social Media

Word of mouth Charity literature Patient Colleague Social Worker

Medical Professional Other (please specify)

Please sign below to confirm that you agree to our terms and conditions. These can be found on p 7.

Signature _____ Date _____

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We understand that you may want to change your communication preferences once you have helped us with this Special Day. You can change them at any time by contacting us at DPO@willowfoundation.org.uk or over the phone on 01707 259777.

Terms & Conditions

Applicant:

By submitting an application, you are confirming your understanding and acceptance of these terms and conditions. You may withdraw your application at any time.

Willow will use reasonable endeavours to procure the requested Special Day but without any legal or binding obligation to execute. Willow shall not be liable to any extent if it fails to execute or procure partly or wholly and/or if the Special Day is not fulfilled as expected or hoped. Willow does not actually provide, and it is not responsible for the outcome of, your Special Day.

Fulfilment of the specified activity, transport or accommodation (including quality and safety standards) remains the responsibility of the individual Special Day provider. The Special Day provider(s) will have their own terms and conditions that apply to you and your Special Day, we will provide you with or direct you to copies of these. Please read any such terms and conditions before you embark on your Special Day.

Willow is under no obligation to provide any monetary funds to assist during the Special Day and all monies advanced or services provided (if any) shall be at the sole discretion of Willow.

Willow will not be liable for any, loss, damage, injury, cost or claim arising from your Special Day (including accidents, delays or problems arising out of the transport, accommodation, medical and/or emotional conditions). However, Willow will be liable for personal injury or death caused by its own negligence. Please note that it is your responsibility to decide whether the proposed activities are suitable for you.

We may discuss the arrangements for your Special Day with your accompanying adult as required.

You are giving us permission to discuss arrangements for your Special Day with your accompanying adult as required.

When making arrangements for your Special Day, Willow needs to be aware of your medical condition and be able to pass this information to your Special Day provider(s) so that they can assess your suitability for the proposed activities. You agree to keep us advised of any change in your medical condition which may have a material impact on your Special Day and you agree that we may pass this information to the provider(s) and prospective provider(s) of your Special Day.

Your personal information:

Your details will be held on our database in accordance with the General Data Protection Regulations (2018). We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy please visit - www.willowfoundation.org.uk/privacy

As part of your application, Willow will contact your medical referrer/medical care team to discuss details of your medical condition and your Special Day. Details of your medical condition will be stored on the Willow database and will be used to assess your application and arrange your Special Day.

We may also use your personal data to produce reports of charity activity, including creating accounts of Special Days, sometimes using third party organisations to analyse data and compile reports. No individual information will be identifiable in any published reports.

If your application has been supported in any way by a third party (e.g. another charity or organisation has sent you our application form), we may pass on information about your Special Day to them.

Accompanying Adult:

Your details will be held on our database in accordance with the General Data Protection Regulations (2018). As the accompanying adult, we may contact you during the planning of the Special Day to discuss the arrangements and also to provide feedback on the Special Day experience during and after the event.

We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy please visit - www.willowfoundation.org.uk/privacy

Medical Professional:

Your details will be held on our database in accordance with the General Data Protection Regulations (2018). As the medical referrer, we will contact you to discuss the eligibility of your patient and also the suitability of their choice of Special Day and for feedback during and after the event.

We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy please visit - www.willowfoundation.org.uk/privacy

Allied Healthcare Professional/Social Worker:

Your details will be held on our database in accordance with the General Data Protection Regulations (2018). We may contact you to help facilitate the application or to provide further detail needed to arrange a Special Day and for feedback after the event. However, please be aware that applications must also be supported by a Medical Professional (i.e. nurse or doctor) to be approved.

We respect your right of privacy. Your details will be held securely and we promise never to sell or share or rent your data unless required to by law. For full details of our Privacy Policy please visit - www.willowfoundation.org.uk/privacy