



Rays of
Sunshine

WISH APPLICATION AND FAMILY SUPPORT

Rays of Sunshine Children's Charity

Telephone 020 8782 1171

Fax 020 8782 1173

info@raysofsunshine.org.uk

raysofsunshine.org.uk

Rays of Sunshine Children's Charity
is a company limited by guarantee
and is registered in England & Wales
under company no. 4860607

Registered charity no. 1102529

What you should know about the Wish Application

- 1 All sections of the Wish Application must be completed in full in order to satisfy the requirements of Rays of Sunshine Children's Charity. The pack is divided into the following sections:
 - a. General details.
 - b. Medical details.
 - c. Wish Information – it may be useful for you to read this section first.
 - d. About your child.
 - e. Publicity & Keeping in Touch.
 - f. Deed of Authority.
 - g. Medical Consent.

All information submitted on the Wish Application must be honest and truthful at the time of completion. If any changes in circumstances arise, then Rays of Sunshine must be notified at once. Rays of Sunshine especially welcomes wishes that show thought and originality.
- 2 Rays of Sunshine grants wishes to children between the ages of 3-18 in the UK. The medical criteria, which will determine whether a wish can be granted may be found on our website www.raysofsunshine.org.uk.
- 3 As the parent(s) or guardian(s) of the child, you should firstly complete Sections A to E – pages 2 to 8. You should then sign and date the form at the bottom of page 5 where indicated. Please remember that if there is more than one guardian or parent responsible for the child, then both/all of them must sign the form.
- 4 You should then take the Wish Application to the Specialist who is treating your child and ask him/her to read and then complete the Medical Consent Form – Section G on page 11.
- 5 You must then sign the completed Deed of Authority and Release Form – Section F on pages 9 to 10. You must read this carefully and if you are unsure, you should seek legal advice. If and when you are prepared to sign the Deed, then your signature(s) should be witnessed by an independent person, such as a doctor or a solicitor.
- 6 You should then return the completed Wish Application to us – the address is at the bottom of each page. This will be acknowledged by post. The Appeals Committee will consider your child's wish and if approved a "Wish Coordinator" will be appointed, who will then contact both you and your Consultant to discuss the wish further.
- 7 When you return the Wish Application, we would really appreciate receiving a recent photo of your child. (This lets us put a face to the name and make it more personal).
- 8 If you have any problems in completing the following pages please phone us on 020 8782 1171.
- 9 Please ensure that the correct postage is affixed to your envelope.

NOTE

- i) It is our policy that, except in exceptional circumstances which will be entirely at our discretion, Wishes are only granted to children who have been born in the United Kingdom ("UK") or who are habitually resident in the UK and whose social and family ties are with the UK.

Rays of Sunshine Children's Charity promises to respect any personal data you share with us and keep it safe according to data protection legislation in the General Data Protection Regulation (GDPR). We use the information we collect for different purposes, and where we give you a choice about what you provide we will respect the choices you make. Most of the information we ask for is required in order to process your application for a Wish. To do so, we will share this information with other Wish-granting charities, with Wish providers, with health professionals, and with other suppliers, such as insurers or travel agents if relevant. On occasions, this means that we send your information outside of the UK, but we take steps to ensure it remains secure. We will send you information about other opportunities that we believe are of interest and relevant, based on the type of Wish you have requested. Where we give you choice about providing information, such as keeping you up to date about how you might stay involved in the charity, we will only use your information for the purposes you have chosen.

We want to keep up-to-date records and ask you to let us know if your details change. We are sometimes asked by relatives about the wishes we have granted after many years have passed, so we do keep records for a reasonable length of time. If you do not want us to do this, please let us know.

We have a Privacy Policy and you can find out more about this policy by visiting <https://raysofsunshine.org.uk/privacy/> or contacting our Data Controller at office@raysofsunshine.org.uk, or by writing to Rays of Sunshine Children's Charity, 4th Floor, Berkeley House, 304 Regents Park Road, London N3 2JY.



A. General details

So that your child's wish can be considered, this application needs to be completed accurately and in full*.

Who is completing this form? (please tick)

- The child's parent(s)/guardian(s) Play Specialist GP Carer
- Other (please specify) _____

Do the family know you are applying for this wish? Yes No

If no, please note we will need to contact the family to ensure they are happy with us proceeding with an application

Who recommended you for a wish?

Name _____

Place of work _____

Address _____

Telephone _____

Postcode _____

Email _____

Who is the wish for?

Child's name _____

Name child likes to be called by (if applicable) _____

Date of birth _____

Age _____

Country of Birth of the Child _____

Address _____

Postcode _____

Parent/Guardian 1 name: _____

Parent/Guardian 2 name: _____

Parent(s) telephone _____

Parent(s) mobile _____

Parent(s) email address (if applicable) _____

Is the child living at the above address with both parents? YES NO

If no, which parent lives at the above address with the child? PARENT/GUARDIAN 1 PARENT/GUARDIAN 2

Who has custody of the child?

Is English your main spoken language? YES NO

If not please specify _____

Please affix a photo of your child/family here. We'd love to see one.

A. General details continued

Please list other family members living at the above address with the child. We regularly hold events, including sibling focused events, so we'd love to hear what everyone's interest are.

Name Relationship Date of birth Age

Interests

Name Relationship Date of birth Age

Interests

Name Relationship Date of birth Age

Interests

Name Relationship Date of birth Age

Interests

*Incomplete, misleading or false information could result in delays or rejection of the wish.

If you need more space, please write on the back of the application pages or attach an extra sheet of paper.

Please provide details of the person we can contact should an emergency arise whilst a wish is taking place. This person should not be attending the wish.

Name Relationship Telephone

If the person does not live at the child's address please provide further contact details below

Do any of the other family members living at the home address have a serious illness, excluding the 'wish child'?

YES NO

If yes, please state the nature of the illness

Patient's name

Consultant's/GP's name

Address

Postcode

Telephone

B. Medical details

For the benefit of our Medical Advisers

Child's name

Child's illness

Date first diagnosed with this illness

How is the illness treated, i.e. trips to ITU, Surgery, Chemotherapy?

Is your child's treatment ongoing?

YES NO

If no, when was it completed?

Tell us about your child's illness

In the last year has your child had any hospital admissions?

YES NO

What have the doctors suggested will happen next with your child's illness? Are they at risk of new complications?

Is your child aware of the seriousness of their condition?

YES NO

Does your child require

Walking Aids

YES NO

Wheelchair

YES NO

If 'yes'

MANUAL ELECTRIC

Oxygen

YES NO

If 'yes', is it continuous?

YES NO

Hoist

YES NO

Shower Chair

YES NO

Other special equipment

YES NO

If 'yes', please specify below

TPN

YES NO

Does your child have any allergies

YES NO

If 'yes' please specify

Does your child experience any problems with communication?

YES NO

If 'yes' please give full details

If 'yes' does your child use Sign Language

YES NO

Main specialist

Address

Postcode

Telephone

Fax

Email

GP's name

Address

Postcode

Telephone

Fax

Email

Social Worker (if applicable)

Address

Postcode

Telephone

Fax

Email



C. Wish information

PLEASE NOTE: Rays of Sunshine grants wishes only to children who are living with serious or life-threatening illnesses, between the ages of 3-18, resident in the UK.

Rays of Sunshine works with other UK wish granting charities to ensure that all the information filled out below is accurate. Failure to disclose/ provide accurate information re: previous wishes may result in your child's application being turned down. For information on who we share information with, please visit: <https://raysofsunshine.org.uk/privacy/>

Rays of Sunshine's mission is to brighten the lives of children living with a serious or life-limiting illness. In the event of a wish not being able to be fulfilled for any reason, we will regrettably need to cancel the wish and any monies allocated for such wish will be used to continue to provide wishes in accordance with Rays of Sunshine mission.

Child's name

Has your child ever had a wish granted by any organisation? YES NO

Was the wish granted? YES NO

Date granted (dd/mm/yy)

If yes, please provide

1 The name of the organisation

2 A description of the wish

Does your child have a Wish Application pending with any other organisation? YES NO

If yes, please provide

1 The name of the organisation

2 A description of the wish

3 How far through the application process you are

Rays of Sunshine Children's Charity aims to grant every child's first wish, where possible. If we are unable to grant that wish, we will work as hard as we can to try to grant a variation on the wish.

Please note that travel wishes abroad are subject to obtaining medical insurance.

Please list your child's three favourite wishes in order of preference.

Please give complete details about your child's wish. **PLEASE NOTE ONLY ONE WISH CAN BE FULFILLED.** If your child is old enough, he or she may wish to complete this part himself or herself. A wish is entirely up to a child's imagination – to meet, to be, to go, to see, to own. **PLEASE ENSURE THAT EACH WISH IS A DIFFERENT TYPE.** We welcome a drawing or description of a wish in the child's own hand, please use the sheet overleaf.

1

2

3

Parent(s)/Guardian(s) signature

NAME(s)

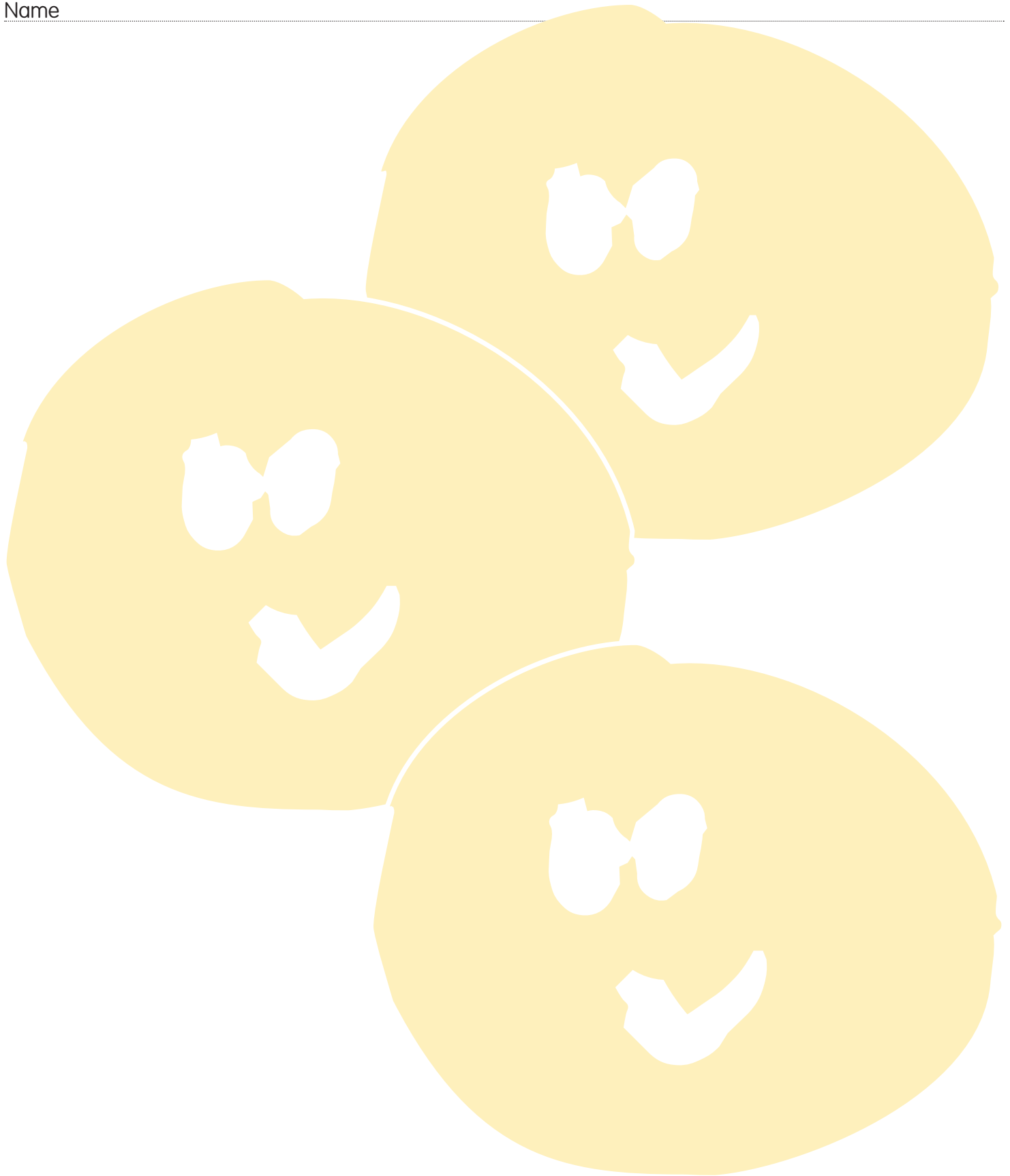
Date



C. My wish list

If your child would like to draw a picture of their wishes, please use the space below

Name



E. Publicity and keeping in touch

Publicity is enormously important to charities like Rays of Sunshine. This vital awareness helps us to raise funds to continue to grant magical wishes and also encourage other seriously ill children to apply for their own wish to be granted.

To do this, we may use photographs, video footage and details of your child's wish and condition, for publicity purposes. This may also involve us using your child's photo on our website and/or to illustrate to our donors how their money has helped grant magical wishes.

If you consent to publicity, this can be withdrawn at a later date. If you do not consent to publicity, this will not affect your child's application, except where a wish involves meeting a celebrity and the meeting is to take place in a public forum. In these circumstances we need you to consent to publicity as, although we will use reasonable efforts to avoid press coverage, we cannot control all press coverage arising out of the occasion.

With that understanding, do you consent to publicity of your child's wish? YES NO

If yes, please tick which media you would be happy with:

All media

National press (e.g. The Sun, Daily Star, MailOnline etc.)

Rays of Sunshine channels (including YouTube, Facebook, Twitter etc.)

Your local press (please state)

Please state any newspapers you would NOT want your child's wish to appear in:

Please advise of anything else we should consider when publicising your child's wish:

Keeping in touch

We'd love to keep you up to date about the work we are doing across the UK, including ways you can support Rays of Sunshine to help brighten the lives of other brave and deserving children.

If you are happy for us to contact you for this purpose, please advise how we can contact you:

By telephone

By email, please advise best email to contact you on

By post

If you ever change your mind, or have any concerns about any communication from us, please call us on 020 8782 1171, email us at info@raysofsunshine.org.uk or write us at Rays of Sunshine, 4th Floor, Berkeley House, 304 Regents Park Road, London N3 2JX.

You can unsubscribe from our newsletter at any time from the footer of any email.

We respect your right of privacy and to have your data kept as secure as possible. We will never sell or rent your data to any other commercial or charitable organisation. For more information please see our privacy policy here: <https://raysofsunshine.org.uk/privacy/>

After the Wish has taken place, would you be happy for us to contact your child's school, to tell them about Rays of Sunshine?

YES NO

If yes, what's the name of the school and which area is it in:

Do you work for a company or business that might be willing to fundraise for a charity?

YES NO

If yes, are you happy for us to get in touch with you to explore any opportunities for them to support Rays of Sunshine?

YES NO

Where do you work and the area it is in:



F. Deed of authority

THIS IS THE DEED made this

(ENTER DATE HERE)

BETWEEN

1 Rays of Sunshine, a registered Charity, whose registered office is
4th floor, Berkeley House, 304 Regents Park Road, London, N3 2JX – Charity No. 1102529 and

2 Parent/Guardian(s)

of the child

Address

Postcode

Whereas

- A** RAYS OF SUNSHINE hopes to grant a wish (“the wish”) of the child (identified above) because the child suffers from a serious or life-threatening medical condition.
- B** The Parent(s)/Guardian(s) warrant to Rays of Sunshine that they are the parent(s) and/or legal guardian(s) of the child and have legal authority to sign this deed for themselves and for, and on behalf of the child and to bind themselves and the child to it.

It is hereby agreed that

- 1** The Parent(s)/Guardian(s) and child acknowledge that, if Rays of Sunshine approves the wish and the approval of a medical practitioner is obtained under Clause 6.1 of this Deed, Rays of Sunshine will use reasonable endeavours to procure the wish for the child but without any legal or binding obligation upon Rays of Sunshine to execute. Rays of Sunshine shall not be liable to any extent if it fails to execute or procure such a wish partly or wholly and/or a wish is not fulfilled as expected or hoped.
- 2** If the Parent(s)/Guardian(s) and child have consented to publicity in Section E of the Wish Application, the Parent(s)/Guardian(s) and the child authorise Rays of Sunshine (and/or its servants, agents, members, trustees, officers or employees), until such time as the consent of the Parent(s)/Guardian(s) or child when old enough, is withdrawn in writing to: Rays of Sunshine, 4th Floor, Berkeley House, 304 Regents Park Road, London N3 2JX.
- 2.1** photograph, film and/or make sound recordings by any means (together “the Recordings”) of the wish, the events surrounding the wish, any interviews with the Parent(s)/Guardian(s), the child and any persons providing medical care to the child;
- 2.2** disclose, publish and/or broadcast by any means or media whatsoever (including television, radio, newspapers and/or magazines) to the general public any detail surrounding the wish and its execution, including, without prejudice to the foregoing, to:
- 2.2.1** publish the recordings; and/or
- 2.2.2** publish the identity of the child and any aspect of his/her medical and/or physical and/or emotional state.
- 3** The Parent(s)/Guardian(s) and the child acknowledge that after such disclosure, publication and/or broadcast above Rays of Sunshine shall have no further control over such information which will then be deemed to be legitimately within the public domain and the child (if presently unaware of their physical and/or medical condition) may learn the details thereof through third parties.
- 4** The Parent(s)/Guardian(s) and child acknowledge that Rays of Sunshine is under no obligation to provide any monetary funds to assist the wish and all monies advanced or services provided (if any) shall be at the sole discretion of Rays of Sunshine and Rays of Sunshine shall have no duty or obligation to the child or to the Parent(s)/Guardian(s) to provide such monies and/or services.
- 5** Rays of Sunshine (and/or its servants, agents, members, trustees, officers or employees) shall not be liable for any accident, loss, damage, injury, cost or claim whatsoever or howsoever arising from the fulfilment of the wish (including, without prejudice to the generality of the foregoing, accidents, delays or problems arising out of the transport, accommodation, medical and/or emotional conditions). This clause shall not apply to any liability for death or personal injury arising from or in connection with the fulfilment of the wish.

F. Deed of authority continued

- 6** The Parent(s)/Guardian(s) and child warrant to Rays of Sunshine that they:
- 6.1** have obtained from a qualified medical practitioner responsible for the primary care of the child ("the Consultant") his/her written approval to the participation of the child in the wish in the form annexed hereto;
- 6.2** have made (and will continue to make) full disclosure to Rays of Sunshine and to such medical practitioner of all information relevant to the health and condition of the child which would affect a prudent person's willingness to undertake the wish or the manner in which it is executed;
- 6.3** have received their own medical advice from the Consultant confirming that the child should not be prevented from enjoying or taking part in the relevant wish;
- 6.4** will comply strictly with all medical advice received concerning the child and in particular with regard to the execution of the wish and will inform Rays of Sunshine in writing thereof promptly on receiving such advice; and
- 6.5** have not been given and do not and will not rely to any extent at all upon any information or advice given to them by Rays of Sunshine (and/or its servants, agents, members, trustees, officers or employees) concerning the advisability of undertaking the wish for the child and/or any medical risk associated therewith.
- 7** The Parent(s)/Guardian(s) and child hereby authorise Rays of Sunshine to communicate with the Consultant or any other medical practitioner/social worker responsible for the care of the child and hereby provide their authority to the Consultant and to all medical practitioners responsible for the care of the child to provide (at the request of Rays of Sunshine) information and opinions concerning the health of the child with regard to the suitability of the wish for the child.
- 8** The Parent(s)/Guardian(s) and child acknowledge that they have had full opportunity and have been recommended to take independent expert financial and/or legal advice upon the terms of this Deed and its consequences.

IN WITNESS WHEREOF this document was signed as a deed and delivered the day and year first above written

SIGNED as a deed by the said:

Parent/Guardian signature

Parent/Guardian print name

In the presence of (Witness non-family member aged 18+):

Witness signature

Witness print name

Address

Postcode

Occupation

To be completed by child's Parent(s) (before sharing with your child's Consultant):

Please state your child's requested wishes:

1

2

3

G. Medical consent

To be completed by child's Consultant

I (Name & Title)

hereby confirm to Rays of Sunshine, a registered charity, whose registered office is at
4th Floor, Berkeley House, 304 Regents Park Road, London N3 2JX – Charity No. 1102529
with regard to **my patient**

(‘the child’)

- 1 I am the Consultant primarily responsible for the medical care and supervision of the child and I am qualified to provide this consent.

I hereby declare that the child is diagnosed with:

Please list the medical problems and complications associated with this child to date

Is the child safe to fly? Short haul YES NO Long haul YES NO

If yes will extra facilities or support be needed? YES NO

If yes please specify

We want to approve and organise wishes as soon as feasible. When do you anticipate that it will be safe to undertake the wish, taking into account the proposed treatment plan?

- 2 I have explained to the Parent(s)/Guardian(s) the diagnosis and prognosis of the illness affecting the child, and all medical care and precautions that can be taken to delay or reduce the effects and/or progress of such illness and how to deal with medical emergencies and whom to contact in the event of such an emergency.

Child's prognosis.

-3 months 3+ months 6+ months 9+ months 12+ months

- 3 The replies to the questions regarding Medical Details are correct. Based on the child's present condition and current medical and scientific knowledge, the child is suffering from a serious or life-threatening medical condition.
4 I understand that the child hopes that Rays of Sunshine will grant one of the wishes ("the wish") set out above.

G. Medical consent continued

- 5 The granting of the wish and participation of the child in the wish should have no adverse effect upon the child if the Parent(s) take adequate precautions in accordance with my specific advice to them.
- 6 This approval is valid at today's date and may be revoked if the child's health changes or if information about the wish comes to my knowledge which indicates that it threatens the health of the child.
- 7 I understand that further details of the wish including dates, times and methods of travel and the duration and location of the wish will be provided to me by the Parent(s)/Guardian(s) of the child, if requested.
- 8 If I have any doubts or concerns regarding the wish or the health of the child in respect of the wish I shall communicate them in writing to the Parent(s)/Guardian(s) and to Rays of Sunshine as soon as possible.
- 9 I recommend he/she participates in one of the wishes set out on previous page and I approve of his/her participation.
- 10 I confirm that any information shared by Rays of Sunshine is processed in a GDPR compliant way and acknowledge that Rays of Sunshine acts as a Data Controller and will also ensure that all information shared by me is processed in a way that is compliant under GDPR regulations.

Signed

.....
 Consultant (print name)

.....
 Address

.....
 Telephone

.....
 E-mail (if applicable)

.....
 Dated this

.....
 Postcode

.....
 Fax

.....
 day of

.....
 Year



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Registered Charity No. 1102529