



**Rays of  
Sunshine**  
Granting Magical Wishes Every Day



# WISH APPLICATION

**Rays of Sunshine Children's Charity**

No.1 Olympic Way  
Wembley  
Middlesex  
HA9 0NP

Telephone 020 8782 1171

Fax 020 8782 1173

[office@raysofsunshine.org.uk](mailto:office@raysofsunshine.org.uk)

[raysofsunshine.org.uk](http://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 Sunshine Pack must be completed in full in order to satisfy the requirements of the 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 and Release.
  - 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](http://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.



## 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) \_\_\_\_\_

**Who recommended you for a wish?**

Name \_\_\_\_\_

Place of work \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Who is the wish for?**

Child's name \_\_\_\_\_ FEMALE  MALE

Name child likes to be called by (if applicable) \_\_\_\_\_

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

Country of Birth of the Child \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Mother's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's name \_\_\_\_\_ Date of birth \_\_\_\_\_

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? MOTHER  FATHER

Who has custody of the child? \_\_\_\_\_

Is English your main spoken language? YES  NO

If not please specify \_\_\_\_\_

Please list other family members living at the above address with the child

Name	Relationship	Date of birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*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.

## A. General details continued

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

In the last year has your child had any hospital admissions? YES  NO

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

### Child's Name

Is your child attending school? YES  NO

Name of school

Address

Postcode

Telephone

Fax

Teacher's name

Class

Can we contact your child's school to tell them about our work? YES  NO

### Mother's Employer

Telephone

Address

Postcode

Title/Position

Does this company have a newsletter? YES  NO

If so, may Rays of Sunshine share your child's story with them? YES  NO

### Father's Employer

Telephone

Address

Postcode

Title/Position

Does this company have a newsletter? YES  NO

If so, may Rays of Sunshine share your child's story with them? YES  NO

## 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?

Tell us about your child's illness

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 his/her 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 that 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.

**ALL THE WISH GRANTING CHARITIES ACROSS THE UK SHARE APPLICATION INFORMATION AND FAILURE TO FULLY DISCLOSE THIS INFORMATION MAY RESULT IN YOUR CHILD'S APPLICATION BEING TURNED DOWN.**

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 provided.

1

2

3

Parent/guardian signature

PLEASE PRINT NAME

Date

Parent/guardian signature

PLEASE PRINT NAME

Date

Child – if over 12 years

PLEASE PRINT NAME

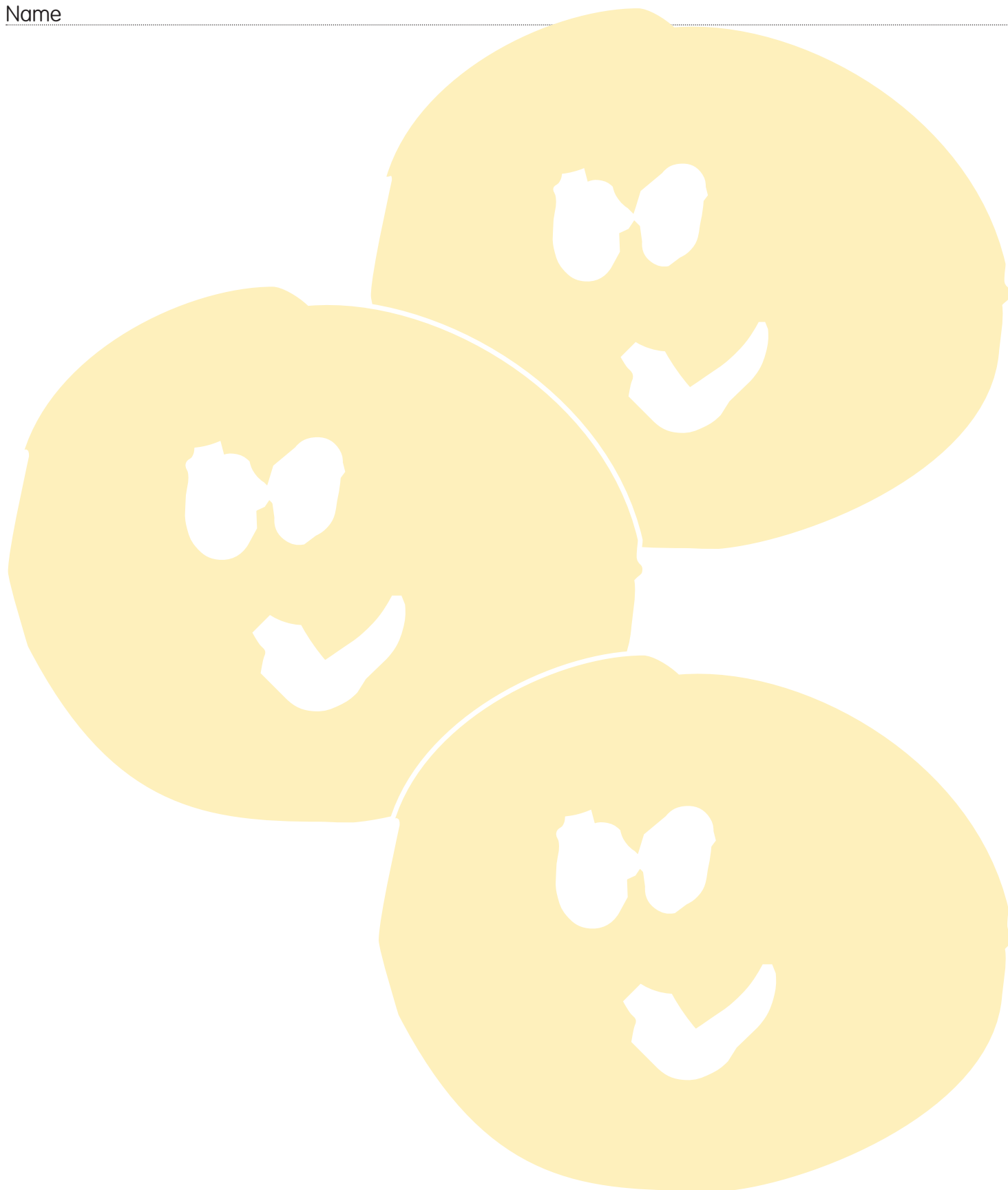
Date



### C. My wish list

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

Name .....







# D. About your child

Child's Name

Please use this space to tell us about your child and what the wish would mean to them. Any information provided helps us to enhance your child's experience.

Lined writing area for text input.



## 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

Are you happy for us to contact you (by telephone, letter, email or fax) in the future to invite your child to events, to take part in our new initiatives and update you on our activities?

YES  NO

### Parent/guardian signature

PLEASE PRINT NAME

Date

### Parent/guardian signature

PLEASE PRINT NAME

Date

### Child – if over 12 years

PLEASE PRINT NAME

Date

## 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  
No 1 Olympic Way, Wembley, Middlesex, HA9 0NP – 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) is withdrawn in writing, to:-
- 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 his/her 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  
No. 1 Olympic Way, Wembley, Middlesex, HA9 0NP – 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 have read the pack addressed by Rays of Sunshine to the persons identified as the Parent(s)/Guardian(s) concerning the child.

### I hereby declare that he/she (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 in the pack.



## 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.

Signed

Consultant (print name)

Address

Postcode

Telephone

Fax

E-mail (if applicable)

Dated this

day of

Year



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Wembley  
Middlesex HA9 0NP  
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