

Applications must be endorsed by a Doctor, Social Worker or other qualified Health Care Professional

Endorsement (PLEASE TYPE OR USE BLOCK LETTERS)

Name of Child/Young Person:

He/she has been diagnosed as living with a potentially life-limiting illness namely:

.....

Please state, in your professional opinion, how the items requested in this application will be of benefit to the child and their family? (enclose covering letter if appropriate)

Full name of person endorsing this application:

.....

Relationship to Child (e.g. Doctor, Social Worker etc.)

.....

Address:

.....

.....

Post Code: Email:

Telephone No: Fax No:

React correspondence to: Family or Sponsor

Signature: Date:.....

React: Rapid Effective Assistance for Children with potentially Terminal Illness



APPLICATION FORM

If English is not your first language and you would like assistance to make an application, please telephone the React office where we will try our best to help you.

React
St. Luke's House
270 Sandycombe Road
Kew, Richmond, Surrey
TW9 3NP

Tel: 020 8940 2575 Fax: 020 8940 2050

Email: react@reactcharity.org

Website: www.reactcharity.org

Registered Charity No. 802440 (UK) / SC038067 (Scotland)

Application to be completed by Parent or Guardian

Name of Child/Young Person:

Date of Birth:Age:

Name of Parent/Guardian:

Address:

..... Postcode:

Email: Telephone No:

Items/assistance required: Please provide as much information as possible including exact prices.

How will these items be of benefit to you and help you care for your child?

Are the items available through your local health authority or any other organisation? If yes, what was their response?

Please add anything else you feel React should know:

Please write the name of your chosen supplier(s) should this application be successful:

Please post this application as soon as possible, together with copies of any documents which you feel may be relevant

(Financial details of all persons living with the child must be given)

(A) Names of Parent: Partner:
Occupation: Occupation:

Other Children / Dependants: Yes / No
If Yes, please give names, ages and date of birth:

Amount requested : £

Please fill in all relevant sections of the Financial Status Questionnaire below.

(B) Details of Low Income Benefits Per Month	(C) Salary/Wages Per Month	(D) Family Expenditure Per Month (Only complete this section if you have filled in section C)
Job Seekers Allowance :	Wages (After tax) :	Rent, Council Tax, : Mortgage
Housing Benefit :	W.T.C :	Electricity, Gas & : Telephone
Income Support :	Savings :	Car
C.T.C :		Food & Clothing :
Child Benefit :		Loans :
Disabled Living Allowance :		Miscellaneous :
Total :	Total :	Total :

(Total figures must be given)

I confirm that the information given above is true and complete. I agree to React contacting my sponsor to obtain further relevant information in relation to this application and consent to the sharing of all correspondence with React's grant making committee.

(E) SIGNATURE OF GUARDIAN / PARENT:

Date: