

**CHILD DETAILS**

Full name of Child:	Date of Birth:
Diagnosis:	
Hospital Attending:	
Date of Diagnosis:	

**APPLICANT DETAILS:**

Name of Applicant:
Relationship to Child:

**PARENT/GUARDIAN DETAILS:**

Legal Parent(s) / Guardian(s) full names:
Parent 1/Guardian 1:
Parent 2/Guardian 2:
Address of parent 1:
Postcode:
Contact Telephone Number:
Address of parent 2: (if different from above)
Postcode:
Contact Telephone Number:
Address of Guardian(s): (if applicable)
Postcode:
Contact Telephone Number:
Are you as the applicant(s) UK Citizens?: Yes No (please delete)
Marital Status: [Single] [Married] [Cohabiting Couple] [Living Apart Couple] [Widowed]

Parent 1/Guardian1: Employment status: [Employed] [Unemployed] [Self-Employed]
Employer Name & Address:
Postcode:
Employer Telephone Number:
Employer Email Address:
Parent 2/Guardian 2: Employment status: [Employed] [Unemployed] [Self-Employed]
Employer Name & Address:
Postcode:
Employer Telephone Number:
Employer Email Address:

Parent 1 Housing Status: [Housing Association] [Council Tenant] [Private Tenant] [Home Owner]
Mortgaged: [Yes] [No]

Do you own any other property in the UK or abroad: [Yes] [No]

If yes please give details of the address and please state if any rental income is received:

Postcode:

Rental Income: [Yes] [No]

Parent 2 Housing Status: [Housing Association] [Council Tenant] [Private Tenant] [Home Owner]

Mortgaged: [Yes] [No]

Do you own any other property in the UK or abroad: [Yes] [No]

If yes please give details of the address and please state if any rental income is received:

Postcode:

Rental Income: [Yes] [No]

Please state if you, as the applicant(s), are in receipt of benefits:

Do you, as the applicant(s), have savings over £5000: [Yes] [No]

Do you, as the applicant(s), have income from sources not already mentioned: [Yes] [No]

If yes please give details:

Do you or your partner (if applicable) drive: [Yes] [No]

**TREATMENT DETAILS:**

Please give details of current treatment (if any) the child is receiving:



**JONI'S ARMY**

**OTHER INFORMATION:**

Please state if you or anyone relating to the child have applied to any other charities for financial assistance: [Yes] [No]

Is there any further information you feel we may need to know (continue overleaf if necessary):

How did you hear about Joni's Army?

Joni's Army like to share with our supporters, the journey of families we support. We do this by using photographs and a short description of the child's/family's story. We use this info on both our social media profiles and website – www.----- (TBC)

We welcome any information you would like us to share. Please email our admin on ----- (TBC)

**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to financial support, I understand that false or misleading information in my application may result in Joni's Army terminating the offer of financial assistance.

Signed:

Print & Date:

Signed:

Print & Date:

(Under the Data Protection Act 1998 we agree not to share the information you have provided without your permission, all applications will be kept for our charity purpose only).

Please tick this box if you **DO NOT** give us permission to share your information.

**MEDICAL RELEASE FORM**

Please fill in the section below, giving Joni's Army permission to receive medical information about this child. If the child is over 16, and they are able, they must sign this section by themselves.

I, parent/guardian, [insert your name]

hereby give permission for Consultant/Doctor [insert your Consultant/Doctor's name below]

to release the required medical information regarding [insert child's name below]

Signed:

Print & Date:

Name of Consultant/Doctor (NOT GP):

Name and address of hospital:

Postcode:

Consultant/Doctor's telephone number:

Consultant/Doctor's fax number:

Email Address: