



Nomination Form

Partyman's Magic Makers

Completing this form only nominates a child and does not guarantee that all wishes be granted. Please be aware referrers are unable to nominate their own children, only one referral per person per year, Partyman World of Play staff are unable to nominate children and staff children are unable to be referred.

The Child

If there is more then one child you wish to nominate from a family please complete a separate application form.

Child's first name *

Attach a picture here *(if possible)*

Child's last name *

Child's Date of Birth

Gender *(please tick)*

 / /

Male

Female

Primary language spoken

Reason for nomination

Has the child received or registered for a wish from another organisation? *(please tick)*

If Yes, which organisation?

Yes

No

Don't know



The Condition

Condition or illness (condition or illness wish child suffers from if applicable)

Hospital or hospice details (name of hospital or hospice attended by wish child if applicable)

About the Child's Consultant/Doctor

Name of Consultant/Doctor

Consultant/Doctor's telephone

Name and address of hospital

Email address

The Family

Parent / guardian name

Home address

County

Postcode

Home telephone

Mobile Telephone

Mother

Father

Email address

The Referrer



Your name

Home address (if different to above)

County

Postcode

Home telephone

Mobile telephone

Email address

How did you hear about Partyman's Magic Makers?

Signature

Date

Thank you!

For office use only:

Tracking number

Date received

Criteria met?

Yes

No

Parent/Guardian contacted by

Date

What 'Magic' has been granted?

When the application form has been completed please post it to...