|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | |
| **Child’s Full Name:** |  | | | | | | | |
| **Date of Birth:** |  | | | | | | | |
| **Gender:** |  | | | | | | | |
| **Parent/Guardian Name(s):** |  | | | | | | | |
| **Name(s) of sibling(s):** |  | | | | | | | |
| **Address:** |  | | | | | | | |
| **City:** |  | | | | | | | |
| **Post Code:** |  | | | | | | | |
| **Phone Number:** |  | | | | | | | |
| **Email Address:** |  | | | | | | | |
| **Transportation:** |  | **Private Car** |  | **Public Transport** | | |  | **Taxi/Uber** |
| **Max travel distance:** |  | **0 - ? miles** |  | **5 – 20 miles** | | |  | **No maximum** |
| **MEDICAL INFORMATION** | | | | | | | | |
| **Medical Condition(s):** |  | | | | | | | |
| **Additional Medical Information or Special Needs:** |  | | | | | | | |
| **Does your child have any mobility needs:** |  |  | | |  |  | | |
| **Mobility needs:** |  | | | | | | | |
| **Will a carer need to accompany your child:** |  |  | | |  |  | | |
| **Carer’s Name:** |  | | | | | | | |
| **WISH DETAILS** | | | | | | | | |
| **Preferred Wish:** |  | **Bird Watching** | | |  | **Boat Rides** | | |
|  | **Cycling** | | |  | **Farm Parks** | | |
|  | **Go Karting** | | |  | **Golf** | | |
|  | **Fishing** | | |  | **Land Rover Experience** | | |
|  | **Horse Riding** | | |  | **Paragliding** | | |
|  | **Sailing** | | |  |  | | |
|  | **Steam Trains** | | |  |  | | |
| **Bespoke Wish(es):** | ***Please provide up to 3 wish options that do not appear on the list above:*** | | | | | | | |
|  |  | | |  |  | | |
|  |  | | |  | | | |
| **Are there any specific dates or timeframes for the wish:** |  | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | |
| **Any other information you’d like to share:** |  | | | | | | | |
| **GDPR CONSENT AND DATA PROTECTION** | | | | | | | | |
| At wishesjust4you, we are committed to protecting your personal data. We collect and process personal information solely for the purpose of administering our wish-granting program. Your data will be stored securely and will not be shared with third parties without your explicit consent, except where required by law.  **Personal Information to be Collected:**  We may collect and store the following personal data:   * **Child’s Information:** Name, date of birth, medical condition, wish details, and special requirements * **Parent/Guardian Information:** Names, relationship to the child, contact details * **Additional Contacts:** Emergency contact information * **Medical and Support Information:** Relevant medical records, healthcare provider notes, and any necessary accommodations or dietary restrictions * **Logistics Information:** Travel documents, accommodation details, and other logistical arrangements   **Purpose of Data Collection:**  Your personal data will be used for the following purposes:   * To understand and fulfil your child's wish * To communicate with healthcare providers and other parties involved in the wish fulfilment process * To manage the logistical aspects of the wish, including travel, accommodation, and activities * To ensure the safety and well-being of your child and family during the wish experience * To comply with legal and regulatory requirements   **Consent:**  By signing this form, you confirm that you understand and agree to the collection, storage, and use of personal data as described above. You also confirm your awareness of your rights under UK GDPR.  **Contact Information:**  For questions or concerns about this consent form, your rights, or data protection, please contact:  **Bill Stillman**  **wishesjust4you**  **e- mail:** [**bill@wishesjust4you.co.uk**](mailto:bill@wishesjust4you.co.uk)  **telephone : 0734 2945690**  **website:** [**www.wishesjust4you.co.uk**](http://www.wishesjust4you.co.uk) | | | | | | | | |
| By submitting returning this form to wishesjust4you, you confirm that the information provided is accurate and complete to the best of your knowledge. | | | | | | | | |
| **Parent/Guardian Name:** |  | | | | | | | |
| **Parent/Guardian Signature:** |  | | | | | | | |
| **Date:** |  | | | | | | | |