



#islastones foundation Grant Application Form

#islastones foundation seeks to offer financial goals and assistance to fund equipment, day trips/holidays or experiences to UK families who are affected by childhood cancer. We hope to help support and relieve some of the impact and strain by giving families a break and the ability to be able to spend quality time together.

Please read and complete the form below.

If you are applying for someone else please ensure you have gained consent from the legal parent(s)/Guardian(s) of the child.

If you have any questions/difficulties please contact us at info@islastones.com

Islastones Foundation registered charity number: 1187471 Address: 52 Highfields Rd, Hinckley, LE10 1UU

Telephone: 07432 733968 www.islastones.com Twitter/Facebook: #islastones

* Required

1. Date of application? *

Please input date (M/d/yyyy)



2. Details of the legal parent(s)/guardian :

Please add your **name, address, phone number and email address below.**
Please note we are a UK charity only *

3. Details of child/children:

Please add the name, date of birth and a brief description of their illness below
*

4. Details of siblings:

Please add the names and ages of any siblings below.

5. Please add the details of one of your child's **lead health professional or social care professional** below e.g. nurse specialist ; consultant; social worker. **Please provide a name, contact number and base location** (if known). We request this to support the application process. *

6. Now for the important part!

Request/Wish: Please add the request or wish below.
If you would like help with ideas let us know and we can get in touch.

Due to COVID restrictions we will consider other grant requests for fun items

We will discuss details of your request when we get in touch. If there is anything you would like to add now about your request please add in the text box below (Q7) *

- Short Break
- Special home visit/entertainment
- Day Trip
- Fun item of your choice (add details below in 'Other')
- Other

7. Optional: Any additional details of your request or situation can be added here if you would like to add anything now or you can leave this and we can talk to you soon.

8. I confirm that I am the legal parent(s)/guardian of the named child/children and wish to apply for a #islastones foundation grant. *

- Yes
- No

9. Name of person completing the application form, **if not the legal parent(s)/guardian** detailed above:

Please add your full name, contact number and email address below.

Type not applicable (N/A) if you are the child's legal parent(s)/guardian *

10. Have the family (legal parent(s)/guardian) given consent to the completion of this application & us contacting them?

Please try obtain consent prior to submitting the form - we will contact you directly to discuss if you select 'no' here. *

Yes

No

11. One last question before you submit your application.

How did you hear about us? *

Online

From a friend

Postal communication

Support worker

Hospital Team

Other

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