



# Application Form



For a child to have a wish granted by Starlight, the child must:

- Be diagnosed with a life-threatening or life-shortening condition
- Be referred for a wish while undergoing treatment
- Be aged between 3-17 years (inclusive) at the time of referral
- Not have received a wish from Starlight or another wish granting organisation
- Be a UK resident



Date

## Child's details

Child's full name

Date of Birth

Child's gender

Male    Female    Other

Condition

How did you hear about Starlight?

If you are not the child's parent or guardian, do you have their permission to share these details with Starlight?

Yes    No

## Parent/Guardian details

Full name

Address

County

Postcode

Email address

Tel

Mobile

Relationship to child

## Referrer details

If not the parent/guardian

Full name

Address

County

Postcode

Email address

Tel

Mobile

Relationship to child

Please return your completed form to:

**Wish Granting Department**

**By post:**

Starlight Children's Foundation  
3rd Floor, 227 Shepherds Bush Road, London, W6 7AU

**By email to:**

wishes@starlight.org.uk



**starlight.org.uk | 020 7262 2881**

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