



# Clare's Wish Foundation

## WISH REQUEST APPLICATION

### Step 1: Wish Referral

Clare's Wish Foundation accepts wish referrals from:

- . Parents or Friends
- . Doctor, Nurse, Social Worker

Please email full details of your request also as to why you require a Wish Request to:

[clareswishfoundation@gmail.com](mailto:clareswishfoundation@gmail.com)

**Application Form must be posted only!**

### Step 2: Eligibility

Clare's Wish Foundation will accept a referral for adults (over 18) with a terminal medical condition and within the Republic of Ireland only.

The consultant or doctor makes the final determination as to whether the wish request is medically terminal and also in a medical position to participate in a wish requested.

This is your very first Wish request & have approached no other wish charity for help on the same Wish request.

### Step 3: Fill Out Application Form

Please fully fill out the application form and return by **post only** to

Clare's Wish Foundation  
Toomaline  
Doon  
Co Limerick V94KC2P

**Any application not fully filled out will be returned and will delay your wish request application.**

### Step 4: The Wish

Once we have received the application form and your Doctor confirms the eligibility, Clare's Wish Foundation may try and meet with the person involved. At this step the Wish is requested and we will then try and bring this wish to life.

### Step 5: Granting the wish

Every effort is made in the granting of a wish, but also due to the nature of certain wishes, we cannot always guarantee the wish. No other third party or family members should be involved in granting the same Wish Request.

**The only Irish charity granting wishes to Adults with a terminal medical condition**

Clare's Wish Foundation, Toomaline, Doon, Co Limerick V94KC2P **Email:** [clareswishfoundation@gmail.com](mailto:clareswishfoundation@gmail.com) **Phone:** +353 (0)61 201 674

[www.clareswishfoundation.com](http://www.clareswishfoundation.com)

# Application Form

**Please note:**

We can only accept for consideration, applications that are of a terminal medical condition.

Wish Applicant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Male or Female: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facebook: \_\_\_\_\_

Applicant's Medical Condition:

Please describe any special needs (e.g. Equipment, Wheelchair or Diet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a Terminal Condition? Yes:  No:

**I have given permission to apply to your foundation for a Wish request on behalf**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Form (Part 2)

**Please note:**

Wishes can only be referred by a responsible adult over 18 years of age.

Name of Referrer of the Wish Request: \_\_\_\_\_

Relationship to Wish Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this an Emergency Application? Yes:  No:

**I certify that I am willing and capable of taking responsibility for the applicant and also for the duration of the granted wish.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 6: Doctor's Section

**Must be filled out by applicant's doctor or specialist.**

Please fill out following details on this application and please stamp your letter.

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Best available time to take a call from Clare's Wish Foundation: \_\_\_\_\_

Does applicant have your permission for travel? Yes:  No:

Is this, in your opinion, a terminal medical condition? Yes:  No:

For how many years have you been this applicant's doctor? \_\_\_\_\_

What is the medical condition and prognosis of this applicant?

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Is this applicant medically able to receive the Wish that they have requested? Yes:  No:

Is this an Emergency Application? Yes:  No:

Any further comments? \_\_\_\_\_

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**Doctors Official Stamp here:**

## Step 7: Request Information

How did you hear about us? \_\_\_\_\_

There are two wishes: "Wish to Go" and "Wish to Meet"

What Wish Request would you like to see granted? \_\_\_\_\_

To help with your wish request, would you be willing to fundraise in your own local area?

Yes:  No:

If No, why not? \_\_\_\_\_

If yes, what fundraiser would you like do? \_\_\_\_\_

Why do you require our help with your Wish Request? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for help from any other charity? Yes:  No:

If Yes, please provide full information on help received from other charities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If required, do you have insurance cover for your Wish Request? Yes:  No:

**If No, you may require Insurance cover on any travel. (Please check with your provider)**

## **Step 8: Terms and Conditions**

### **Terms and conditions apply:**

Clare's Wish Foundation, with your consent, reserves the right:

To photograph any Wish Event and enable us to promote on our Clare's Wish website and social media so we can help to grant further wish requests.

Wish Videos are available on request and will require a separate video consent form.

### **Clare's Wish Foundation are unable to grant Holiday Wishes involving travel outside of Ireland.**

We:

Agree that Clare's Wish Foundation are the sole Wish Granter and no other third party, family members or other Wish Charity are to be involved in the same Wish Request.

Agree that the application is correct and if found to be otherwise, Clare's Wish Foundation has the right to terminate the Wish request at any time so deemed fit.

Agree there is no guarantee in the granting of a wish due to the nature of any wishes received.

Agree that we have authorisation for the use of any pictures from your Wish Granted Event so we can promote them on Clare's Wish Foundation website and social media to help the Foundation with future Wish requests.

Agree that we will forward a "Thank You Letter" to your Foundation after our Wish event has been granted.

### **I consent and agree to the above.**

Referrer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Applicants must be in a terminal medical condition.**

## Step 9: Send Letter

**Please print off this application and post along with your Doctor's Letter to:**

Clare's Wish Foundation

Toomaline

Doon

Co Limerick V94KC2P

**Any further queries in connection with this form,**

**please email [clareswishfoundation@gmail.com](mailto:clareswishfoundation@gmail.com)**

**or call 061 201 674**

