

*Applications must be endorsed by a qualified Medical or Healthcare professional
(Doctor, Social Worker etc)*

Endorsement

Name of Child:

He/she has been diagnosed as living with a potentially life-shortening illness
namely:

.....
Please state, in your professional opinion, how the items requested in this
application will be of benefit to the child and their family or enclose a covering letter

Full name of person endorsing this application:

Relationship to Child (e.g. Doctor, Social Worker etc.)
.....

Organisation:

Address:

County: Postcode:

Telephone No: Email:

Signature: Date:

React correspondence to: Family or Sponsor

React: Rapid Effective Assistance for Children with potentially Terminal Illness

Version 20 (Feb 2019)



APPLICATION FORM

*If English is not your first language and you would like assistance to make an
application, please telephone the React office where we will try our best to
help you.*

React
St. Luke's House
270 Sandycombe Road
Kew, Surrey
TW9 3NP

Tel: 020 8940 2575

Email: react@reactcharity.org
Website: www.reactcharity.org

Registered Charity No. 802440 (UK) / SC038067 (Scotland)

Application to be completed by Parent or Guardian

Name of Child/Young Person:

Date of Birth:Age:

Name of Parent/Guardian:

Address:

County:..... Postcode:

Email: Telephone No:

Items/assistance required: Please provide as much information as possible including exact prices and quotation.

How will these items be of benefit to you and help you to care for your child?

Are the items available through your local health authority or any other organisation, including the Family Fund? If yes, have you applied and what is the response to date?

Please add anything else you feel React should know:

Please write the name of your chosen supplier(s) should this application be successful:

Please post the original application as soon as possible, together with copies of any documents that may be relevant

Financial Status Questionnaire

(Financial details of all persons living with the child must be given)

Names of Parent/Guardian:	Partner:
Occupation:	Occupation:
Other Children / Dependants: Yes / No	
If Yes, please give names, ages and date of birth:	
Amount requested: £	

Please fill in all relevant sections of monthly income and expenditure

Details of Low Income Benefits <u>Per Month</u>	Salary/Wages <u>Per Month</u>	Family Expenditure <u>Per Month</u>
Universal Credit:	Wages (after tax):	Rent, Council Tax, Mortgage:
Housing Benefit:	Savings:	Electricity, Gas & Telephone:
Income Support:	Carers Allowance:	Car:
Working Tax Credits:	Child Benefit:	Food & Clothing:
Job Seekers Allowance:	Disability Living Allowance:	Loans:
Child Tax Credits:	Other:	Miscellaneous:
Total:	Total:	Total:

I confirm that the information given above is true and complete. I agree to React contacting my sponsor to obtain further relevant information in relation to this application and consent to the sharing of all correspondence with React's Board of Trustees.

SIGNATURE OF PARENT / GUARDIAN :

DATE: