Group:

DREAMFLIGHT NOMINATION FORM 2017

Trip dates 14-24 October 2017

Form to reach us by: 10 April 2017

ALL questions MUST be answered clearly for the child to be considered.

Dreamflight reserves the right to withdraw its invitation at any time prior to departure to any child selected should the information provided on this form be inaccurate or incomplete. **Please keep within the text boxes provided.**

1a.Child's details First Name/s	**Last (Family) Name**	**Date of Birth**	**Male** ☐ **Female** ☐
Weight (Kg)	**Height**	**Age of child on 14/10/17**	

Address	**School attended**
_____ _____ _____Postcode_____	School Tel. No:
Does the child have a passport? Yes ☐ No ☐ Don't Know ☐	**Nationality (if known)**
1b. Parents'/carer details Full name Address (if different from child's) Tel No/s Email:	**1b. Parents' /carer details** Full name Address (if different from child's) Tel No/s Email:

2. Nominated by:	
Name (print):	Connection with child:
Address:	Contact details: Tel: Email:

I confirm I have read the Medical Director/Group Leader guidance for nominations Yes ☐ No ☐

Please confirm that the parents/guardian have given you permission to nominate this child Yes ☐ No ☐

Please note the child should NOT be told of the nomination to avoid disappointment if not selected

3. Medical Information

3a. Primary Diagnosis

3b. Other active problems

3c. Mobility i Walks unaided ii Uses wheelchair	Yes ☐ No ☐ No ☐ Sometimes ☐	 All the time ☐ Manual ☐ Electric ☐
IF NO…… A full day at a theme park involves a lot of walking. Is the child likely to need the occasional use of a wheelchair?	No ☐ Yes ☐	

4. Personal Information

4a. Supporting Information and family structure.

Please tell us why you have nominated this child? Any relevant information eg onset of illness, impact on child and family, prognosis. This background information is essential for the selection process. (Please continue on an additional sheet if necessary.)

4b. Communication difficulties	No ☐ Yes ☐	details:
4c. Issues around feeding, or any special diet	No ☐ Yes ☐	details:
4d. Hearing or vision impairment	No ☐ Yes ☐	details:
4e. Learning difficulties	No ☐ Yes ☐	details:
4f. Behavioural problems, emotional or psychological problems	No ☐ Yes ☐	details:

4g. Treatment that may be required on trip

Medication	No ☐ Yes ☐	details:
Nasogastric/Gastrostomy/ Jejunostomy feeding	No ☐ Yes ☐	details:
Central line	No ☐ Yes ☐	details:
Oxygen	No ☐ Sometimes ☐ All the time ☐	
Does the child require non-invasive ventilation?	No ☐ Yes ☐	details:

4h. Cystic Fibrosis only – recent swab result (*A further printed swab result will be required, dated not before 19 September 2016)*

4i. At what approximate age level does the child function?

NB Dreamflight is not suitable for children that function age 7 or less

4j. Disney Experience

Has the child visited, or are there any plans to visit Disney Parks in the USA? No ☐ Yes ☐ Don't Know ☐

This will not necessarily preclude the child from being selected for Dreamflight

5. Moving and Handling

Are there any moving and handling issues associated with this child? No ☐ Yes ☐
If YES, please give details

Who would have further information (name, position & tel. no.):

6. Other Health Professionals

Are any other professionals involved with the child?

Community Nursing team ☐
Clinical Nurse Specialist ☐
Occupational Therapist ☐
Physiotherapist ☐
School Nurse ☐
CAMHS ☐
Other ☐

If YES, please give details

If the child's care is shared with another medical team, please ensure they are aware of this nomination.

7. Social Services

Are Social Services involved with this child? No ☐ Yes ☐
If YES, who would have the relevant information (name, position & tel. no.):

8a. Consultant and Hospital	Tel. No: Email:

8b. Name and address of G.P.	Tel No:

9. Medical Authorisation	*This form MUST be completed by a Nursing or Medical Professional. Medical Authorisation must be given by the child's Consultant or Family Doctor.*
Consultant or GP name Address if different to section 8	Contact details if different to section 8 Tel No: Email:
Signature *and practice stamp, if appropriate*	Date:

All personal data provided on this form will be stored in a secure manner, in compliance with the recommendations of the Data Protection Act, and will be used only for Dreamflight purposes.

Forms to be returned by **10th April 2017**

to the address shown right:

The Dreamflight Office
15 Chiltern Court
Asheridge Road
Chesham
Bucks
HP5 2PX

Registered Charity No's 1117303/SC044892. January 2017

Please note we cannot take this nomination forward until all sections of the form are completed.

Dreamflight reserves the right to withdraw its invitation at any time prior to departure to any child selected should the information provided on this form be inaccurate or incomplete.