

IEUAN THE LION MEMORIAL FUND

OUR OBJECTIVE IS TO SUPPORT FAMILIES FROM WALES WHO ARE CARING FOR A CHILD/YOUNG PERSON WITH A LIFE - LIMITING CONDITION



REFERRAL FORM

(PLEASE COMPLETE USING BLOCK LETTERS)

To be completed by Parent or Guardian

Name of Parent/Guardian:

Address:

.....Postcode:

Email: Telephone No:

Name of Child/Young Person:

Date of Birth: Age:

Diagnosis:

.....

.....

Please add anything else you feel we should know:

.....

.....

To be completed by the Professional endorsing this application

Endorsement

Name of Child/Young Person:

He/she has been diagnosed as living with a ***Life-Limiting Condition** namely:

.....

Full name of person endorsing this application:

Business Address.....

Telephone No.....Email.....

Relationship to Child/Young Person (Medical or Care Worker e.g. Doctor, Medical, OT or Social Worker):

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Please attach a covering headed letter to this application form, which specifically states 'how' in your professional opinion, the holiday will be of benefit to the Child/Young Person and their family.

*** What is a Life-Limiting Condition? "Means there is no reasonable hope of cure and there is a strong possibility that the Child or Young Person will die before adulthood"**

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