



# WISH REQUEST FORM

## About Us

Make-A-Wish® grants the wishes of children throughout New Zealand with life threatening medical conditions to bring hope, strength and joy at a difficult time in their lives.

We are New Zealand's only children's charity focused on wish granting. We have granted many very special wishes since 1986.

We are part of Make-A-Wish International, a global organisation with affiliates granting wishes in nearly 50 countries worldwide.

Wishes will usually fall onto one of four categories:

- ★ To Be for example a fireman, a princess or a zoo keeper
- ★ To Meet a famous celebrity, athlete or a special family member
- ★ To Have for example a laptop, a puppy or a playhouse
- ★ To Go to a concert, a theme park, a major sporting event or the snow.

International travel wishes are recommended for children aged 8 and over and are limited to Australia due to travel insurance restrictions.

### WHO IS ELIGIBLE

All New Zealand children aged between 3 – 17 years old with a life threatening illness are eligible. Make-A-Wish is dedicated to making every eligible child's wish come true.

Many wish children go on to recover. However, during times of treatment, wish children and their families are going through very tough times. The child may be missing out on school, sports, and finding it hard to stay in touch with friends.

The wish experience has been found to significantly impact wish children, providing life-changing moments and a shared diversion with the families, friends and their communities away from the medical environment.

### WISH REQUEST PROCESS

There are several steps undertaken to ensure that the child receives their one true wish.

### 1 WISH REQUEST

The Request form must be completed and signed by a parent or legal guardian of the child. The form is then sent to Make-A-Wish®.

### 2 ELIGIBILITY

Make-A-Wish contacts the child's medical specialist and asks to receive in writing whether the child is medically eligible to receive a wish and is appropriately able to participate in a wish. The child must have been diagnosed with a life threatening condition.

### 3 THE WISH

Once the medical specialist has confirmed that the child is eligible, Make-A-Wish assigns two wish granters (volunteers) for the wish. They arrange to meet the child to determine what the one true wish will be. Some children know exactly what they want, others are asked a lot of questions and it can take more than one visit before the wish is decided. Wishes are limited only by a child's imagination.

### 4 GRANTING THE WISH

Once the wish has been confirmed, the Make-A-Wish team sets out to create a magical experience for the child. The time can vary before the wish takes place, depending on what it is and the health of the child. Every effort is made to include the immediate family in the child's wish.

Please complete both sides of this wish request form, sign and detach it, then either scan and email to [info@makeawish.org.nz](mailto:info@makeawish.org.nz) or fax to **09 373 4252** or post to; Make-A-Wish New Zealand, PO Box 8029, Symonds Street, Auckland 1150.

# WISH REQUEST FORM

## CHILD'S DETAILS

First name

Surname

Child's Gender (please tick) Male  Female

Child's DOB  Child's Age

Child's Address

Suburb

City  Post code

NHI No

## PARENT / GUARDIAN'S DETAILS

The child resides with (please tick)

Mother  Father  Joint  Legal Guardian

## MOTHER'S / LEGAL GUARDIAN'S DETAILS

First name

Surname

DOB

Address (if different from child's)

Suburb  City

Post code  Phone

Work  Mobile

Email

## FATHER'S / LEGAL GUARDIAN'S DETAILS

First name

Surname

DOB

Address (if different from child's)

Suburb  City

Post code  Phone

Work  Mobile

Email

## SIBLING'S DETAILS

Full Name	M/F	Age	DOB	Resides with child Y/N
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If there are additional children, please provide details on a separate sheet of paper.

## DETAILS OF ALL OTHER PEOPLE RESIDING WITH CHILD

Full Name	Relationship	M/F	Age	DOB
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

If there are additional people, please provide details on a separate sheet of paper.

## DO ANY OF THE PARTICIPATING FAMILY MEMBERS HAVE ANY DISABILITIES OR MEDICAL CONDITIONS THAT MAKE-A-WISH NEEDS TO BE MADE AWARE OF?

Y  N

Full Name	Relationship with child	Disability/Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional people, please provide details on a separate sheet of paper.

## MEDICAL INFORMATION

### CHILD'S ILLNESS

Is your child aware that their illness is life-threatening? Y  N

Can your child communicate verbally? Y  N

Is the wish medically urgent? Y  N

Volunteers will work with families and non-verbal children to discover the child's true wish.

### MEDICAL SPECIALIST

Title  First Name

Surname

Hospital, Address and Department where Specialist treats your child

Suburb  City

Post Code  Phone

Fax  Email

### SOCIAL WORKER / CASE WORKER

Title  First Name

Surname

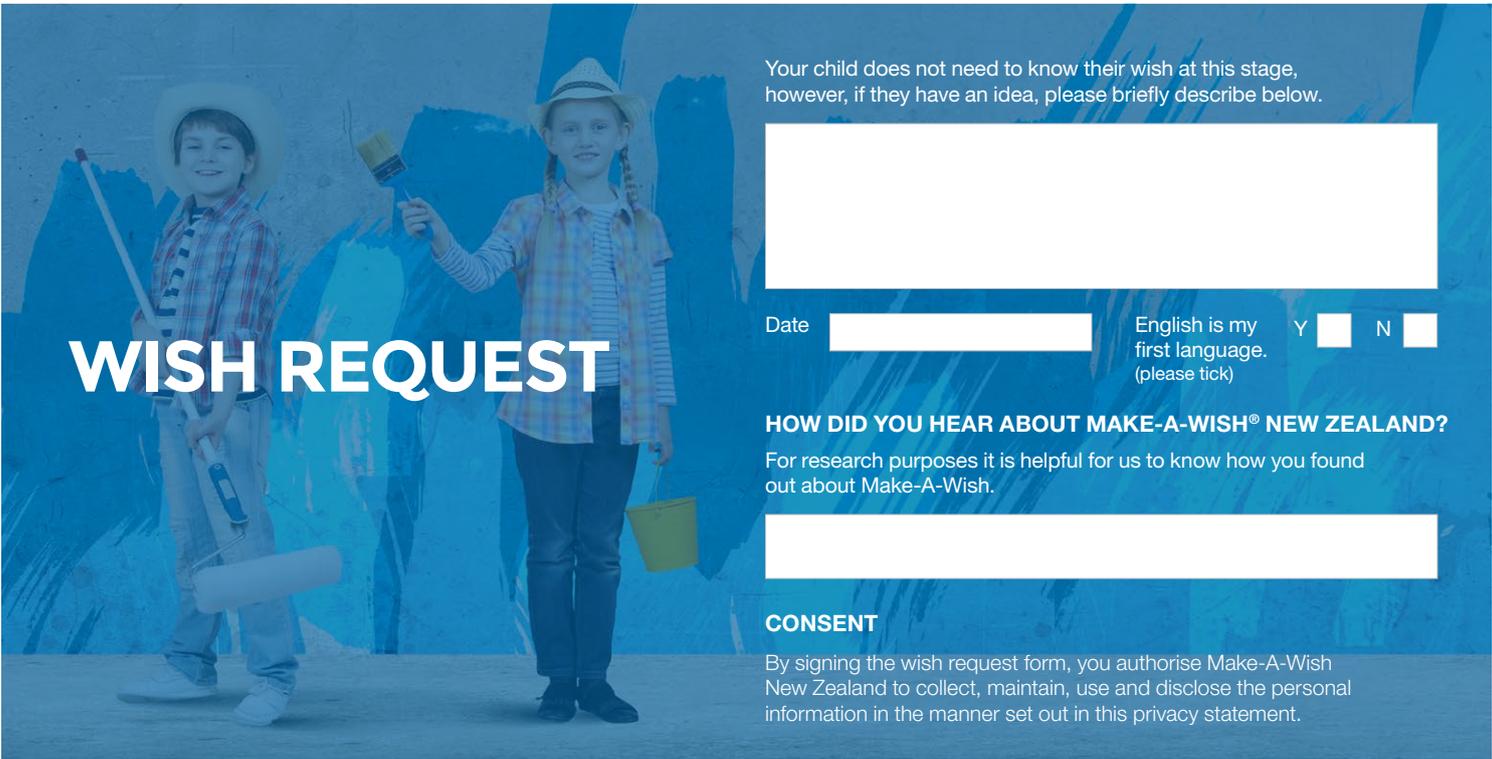
Hospital, Address and Department where Specialist treats your child

Suburb  City

Post Code  Phone

Fax  Email

Make-A-Wish will contact this medical specialist to determine the child's eligibility.



# WISH REQUEST

Your child does not need to know their wish at this stage, however, if they have an idea, please briefly describe below.

Date

English is my first language. Y  N   
(please tick)

## HOW DID YOU HEAR ABOUT MAKE-A-WISH® NEW ZEALAND?

For research purposes it is helpful for us to know how you found out about Make-A-Wish.

## CONSENT

By signing the wish request form, you authorise Make-A-Wish New Zealand to collect, maintain, use and disclose the personal information in the manner set out in this privacy statement.

## CONSENT

This section must be signed in order for the wish request to be processed. I/we acknowledge that no promises or assurances whatsoever have been made to me/us by any representative of Make-A-Wish® New Zealand regarding the requested wish. I/we understand that the granting of any wish and the authority to participate therein by any person is contingent upon approval by the CEO and/or Board of Trustees of Make-A-Wish New Zealand and compliance with all conditions, qualification, pre-requisites and restrictions imposed by Make-A-Wish New Zealand.

I/we also acknowledge that, should the requested wish be granted, no negotiation pertaining to the wish with any third parties by myself/ourselves or by representatives on my/our behalf will be undertaken without prior consent and express agreement of the CEO of Make-A-Wish New Zealand in writing. Should such consent and agreement be provided, then I/we further acknowledge that I/we will keep the CEO of Make-A-Wish New Zealand informed in writing of the progress and results of such negotiations as soon as practical.

I/we hereby authorise and request the herein mentioned medical specialist to release to the Make-A-Wish New Zealand, all information required by Make-A-Wish New Zealand in relation to the health of the child or other interested party e.g. Travel Insurance provider. A photocopy of this authorisation shall be as valid as the original. I/we declare that I/we have read and understood the Privacy Statement outlined in this brochure and I/we consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where I/we have provided information about another individual, I declare that the individual has been made aware of that fact and the contents of the Privacy Statement.

Signature of: Mother  Father  Legal Guardian

Sign

Date

Please note: A facsimile of this document will be as valid as the original.

## LOOKING AFTER YOUR PRIVACY

Your right to privacy is important to us. This statement explains your privacy rights and our obligation and rights in relation to collection and use of your personal information.

### You and your child's rights:

- \* You are not required to give us any personal information requested in the wish request form or any other document or communication relating to this request. However, without this information, we may not be able to process your application.
- \* You may request access at any time to personal information held by us about you or your child and ask us to correct, amend or update it if you believe it is incorrect or out-of-date.

### How Make-A-Wish® may use your family information:

- \* To process your application.
- \* To administer and manage your request for a wish.
- \* For internal use to determine your child's wish and establish your family's needs with regard to granting a wish.

### Disclosure of personal information:

We may disclose your child's personal information if it is necessary in the following instances:

- \* If you request or authorise us to do so (for example, to contact your child's medical specialist; for public relations activities) or where the law requires us or permits us to do so.
- \* To our external service providers and contractors that provide goods or services for the purposes of Make-A-Wish New Zealand i.e. to grant your child's wish.
- \* Insurance company, travel agent and passport office if the child travels overseas for a wish. Medical information is only provided where it is critical that the external party needs to know.