



**APPLICATION FORM FOR CHARITABLE ASSISTANCE  
FROM THE OVER THE MOON FOUNDATION**

Registered Charity No. 1121910

**ALL SECTIONS MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE PROCESSED**

Send to: The Trustees, Over the Moon Foundation, Sydenhurst, Mill Lane, Chiddingfold, Surrey GU8 4SJ

**FOUNDATION BUDGET INFORMATION**

Please read the following conditions before making an application:

**Conditions of Applications and Payments of Money, to be paid the Over The Moon Foundation**

Please note that as each family the Over The Moon Charity makes a charitable donation to, is treated as an individual case, there is not set formula for payments, and it is important that you give as much information as possible as to the breakdown costs and charges involved in your application. Without an accurate breakdown of costs it is impossible for the charity to make a donation. No monies can be paid to the families, but must be paid direct to companies, Doctors or Hospitals for treatments, equipment etc. on receipt of adequate quotes and receipts, to be approved by the charity's board of trustees. The final decision of the amount of any payment rests with the Trustees of Over The Moon Foundation, and should be considered as a full and final settlement.

TOTAL AMOUNT OF APPLICATION .....

**BREAKDOWN OF APPLICATION TOTAL**

TREATMENT .....

EQUIPMENT .....

FAMILY FUNDING .....

DR'S FEES .....

CONSULTANCY FEES .....

ANY OTHER COSTS .....

.....

.....

SIGNATURE ..... DATE .....

**YOUR DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

ADDRESS .....

.....

..... POSTCODE.....

TEL NO ..... MOBILE NO.....

EMAIL .....

**CHILD'S DETAILS**

TITLE ..... FORENAMES.....

SURNAME .....

DATE OF BIRTH ..... AGE.....

ADDRESS .....

*if different from above*

.....

..... POSTCODE.....

**MEDICAL CRITERIA FOR ELIGIBILITY .....**

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*Please use reverse of form if not enough room*

**DOCTOR'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

PRACTICE ADDRESS .....

.....

..... POSTCODE.....

TEL NO .....

EMAIL .....

**CONSULTANT'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

HOSPITAL ADDRESS .....

.....

..... POSTCODE.....

TEL NO .....

EMAIL .....

**SOCIAL WORKER'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

ADDRESS .....

.....

..... POSTCODE.....

TEL NO ..... MOBILE NO.....

EMAIL .....

**PLEASE SEND THE COMPLETED FORM TO:**

The Trustees, Over The Moon Foundation, Sydenhurst Mill Lane, Chiddingfold, Surrey GU8 4SJ