

THE CONSULTANT

To be completed by child's Consultant or Health Professional

Child's name:.....

Consultant (Name and Title):

I Confirm that I am the Health Professional primarily responsible for the medical care and supervision of the child and I am qualified to provide details related to the diagnoses of Posterior Fossa Syndrome.

I hereby declare that he/she (the child) is diagnosed with:.....

.....
.....

Please list the medical problems and complications associated with this child to date:.....

.....
.....

Please provide details of what services, facilities or resources that may benefit the child and aid their recovery:

.....
.....

Signed:.....

Consultant (print name):.....

Address:.....

..... Postcode:.....

Telephone: Mobile:.....

Email (if applicable):.....



**THE
DANNY GREEN FUND
CHARITY**

The Danny Green Fund is a small charity that supports children under the age of 18, referred to us suffering from the symptoms of Posterior Fossa Syndrome as a result of a brain tumour. The Charity is able to fund vital neuro physiotherapy, hydrotherapy, horse riding therapy, a piece of equipment such as mobility aids, commodes, multi sensory equipment or an Ipad to assist recovery depending on the individual needs of the child.

Here at The Danny Green Fund we take your child's privacy seriously and will only use the personal information you give us to provide the products and services requested from us.

However, from time to time we might contact you (as the child's parent) with details of other services we are able to provide. If you consent to us contacting you for this purpose please tick to say how you would like us to contact you.

Post Email Telephone Text message

The information will not be disclosed to any other party, unless with specific permission of the person it relates to or with the permission of their parent/legal guardian for children under the age of 18. Any person may request that their details are removed from our records at any time and may request a copy of the information that we hold for them at any time.

If you would like information or assistance please contact us on info@thedannygreenfund.org.uk





THE DANNY GREEN FUND CHARITY

APPLICATION FORM

All applications are accepted on a basis of need and individual merit to be agreed by the trustees of The Danny Green Fund.

Child's name:

Date of birth: Age:..... male: () female: ()
please tick appropriate

Address:.....

.....

..... Postcode:.....

Parent(s) name:.....

Parent(s) telephone:

Parent(s) mobile:.....

Parents email address: *(if applicable)*.....

Parents permission to use our child's story to help others through website and other social media and to support fundraising activities.

Signed:.....

Registered charity number 1150334

MEDICAL DETAILS

Type of brain tumour suffered by the child:

.....
.....

Date first diagnosed with Posterior Fossa Syndrome:

.....

Tell us about how your child has been affected by PFS:

.....
.....
.....
.....

Please state the services/facilities or resources that could aid your child's recovery:

.....
.....

Please give details of local suppliers of resources or services required including address and telephone number:

.....
.....

Signature of parent:

Date:.....

We will need to contact the child's consultant in order to establish that the child falls into our criteria.

