



APPLICATION FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____

ADDRESS: _____

NAME OF PARENTS/GUARDIANS: _____

TELEPHONE NUMBER: _____

NAME & TELEPHONE NUMBER OF PERSON MAKING APPLICATION IF THIRD PARTY: _____

PLEASE DESCRIBE THE MEDICAL CONDITION OR INJURY SUFFERED BY THE CHILD:

PLEASE INDICATE WHY YOU FEEL THE CHILD HAS DISPLAYED COURAGE

PLEASE RETURN TO:

NICHOLSON PORTNELL, PRIESTPOPPLE HOUSE, HEXHAM, NORTHUMBERLAND NE46 1PL