



Child Nomination Form

The Charities aim is to give Special Children who live within the East Anglia region, memorable trips/days out and their parents a well deserved day off.

The charity may also provide them with equipment or purchase equipment for the child to use to make life easier. (Any Equipment provided by the charity will be asked to be returned once the child has reached the age of 16 or requested by yourself to be removed from our data base. This is in order to help another child in the future)

The Special Children criteria relates to children aged 5 years -16 years that are Disabled, have Special Needs, or are Disadvantaged.

Children who have suffered a family bereavement may be nominated and will be on the charity data base for the maximum of 2 years unless requested by yourself to be removed before this time.

If the child has been nominated due to disadvantage there will be an additional form to complete, this will include income details. We will automatically send this out to you once the nomination form has been received.

We may decline an application where a family has a significant level of capital or household income.

The Convoy is our main event but we do have other functions throughout the year, please visit www.eastcoasttruckers.co.uk. Our aim is to help as many children as we can. Each child will receive invitations throughout the year to different events. As well as an application form to use our Holiday Caravan/Apartment.

The details provided will be added to our database and are only used by the charity when organising events.

Please complete the following & return to our Freepost address: East Coast Truckers' Charity, Freepost PO Box 56, Attleborough, Norwich, NR17 2WT

Please complete this form in clear capital letters.

Child Being Nominated

Childs First Name _____ Childs Surname _____

Childs Date Of Birth ____/____/____ Age ____ Male / Female

Childs Current School _____

Childs Diagnosis/Condition _____

Please give more details of Diagnosis/Condition, Tell us how your Childs condition impacts on them at Home, School, Out and About

Does your child use Equipment? Wheelchair/Buggy Walking Frame Hearing Aid Other _____

How often is the Equipment used? Little Often Mostly Always Other _____

Does your Child take any medication? YES / NO

Does your Child have care needs relating to incontinence? YES/NO

Does your Child have Special Dietary Requirements? YES / NO If YES What _____

Does your Child have any Allergies/Intolerances? YES/NO If YES What _____

Parent/Guardian

MR / MRS / MISS / MS First Name _____ Surname _____

Address _____

Postcode _____

Home Number _____ Mobile Number _____

Email Address _____

What is Your Relation to the Child? _____

What is your preferred method of contact? Email / Letter

How did you hear about us? _____

Print Name _____

Signature _____

Date ____/____/____