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|  | **Nomination Form****2024** |  |

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| **Decisions are made on an individual basis.** |
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|  |  |
| --- | --- |
| Name of Child: |  |
| Date of Birth:Address: | \_\_\_\_\_\_\_\_\_\_ Name of Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Post Code: | \_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tel. Home:  |  | Mobile:  |  |

 |
| **Details of nominator** (person making the nomination if a third party) |
| Name & contact number: |  |
| **Please specify the medical condition or injury suffered by the nominee** |
|  |
| **Please describe the difficulties the nominee has faced due to their condition** (This information will remain confidential if required) |
|  |
| **Please describe why you feel that the nominee deserves a place on ‘Santa in July’** |
| (Please continue on a separate sheet if necessary) |

Return completed form to:

 OFFICE USE ONLY: Initials

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| --- | --- | --- | --- |
| Blessing in Disguise | Date Received: |  |  |
| Lilford House | Method: | Email / Post / Hand.Del. |  |
| St. Helens Road | Director Decision: | Approved / Declined |  |
| Leigh | B.I.D. Ref: | SIJ2024 |  |
| WN7 4HG |  |  |  |

Or Email to: blessingsindisguisecharity@gmail.com or Phone 01942 316113

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Registered Office: Lilford House St Helens Road, Leigh, WN7 4HG