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

|  |  |
| --- | --- |
| **Decisions are made on an individual basis.** | |
| |  |  |  |  | | --- | --- | --- | --- | | 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](mailto:blessingsindisguisecharity@gmail.com) or Phone 01942 316113

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