

APPLICATION FORM

yolo
Jos 

Providing **Bucket List** events for people with secondary cancer



“Bucket List”

Application form

yolo
Jo's

‘We are **Yolo Jo’s**, a small registered charity intent on providing ‘memorable’ and “bucket list” events for people having been diagnosed with secondary cancer’

TO BE ELIGIBLE FOR A “BUCKET LIST” EVENT YOU MUST BE:



Aged over 18

(inclusive, on the date we receive your complete application form)



Receiving treatment at any Merseyside, Wirral or Warrington cancer care hospital unit



Receiving treatment for secondary cancer,
on the date we receive your completed application.

Every day deserves to be treated as precious, but the pressures of diagnosis, treatment and recovery can be overwhelming. **Yolo Jo’s** want to take some of that pressure away from people, providing “bucket list” events unique to your needs. You might like to go glamping, visit a place special to you in childhood, go to see a theatre show close to your heart, have that meal at an exclusive restaurant, it’s up to you.

Applying is simple.

Fill out details about yourself overleaf. You will also need to ask a healthcare professional to complete section 3, this can be your oncologist, care nurse or GP, who you see regularly and is familiar with your condition.

Please note incomplete forms will not be reviewed, please make sure all sections are complete.

Please Note: Whilst we always try our best to fulfil every applicants request, the number of “bucket list” events we are able to provide are limited. Therefore eligibility does not guarantee that we will be able to provide you with a “bucket list” event.



Visit www.yolojoscharity.co.uk or see our Facebook page @yolojoscharity

Section 1 – Applicant's details

Title: Mr Mrs Miss Ms Other

Gender: Male Female

Full name: **Prefer to be known as:**

Address:

Postcode: **Email:**

Phone: **Mobile:**

Date of birth (dd/mm/yyyy) / /

How did you hear about us? Medical professional Internet Social media

Word of mouth Other

What would you like to do for your "bucket list" event?

Please state the required service/provider and an approximate cost.

Ideally, when would you like to go for your "bucket list" event?

Who else, if possible, would you like to accompany you on your "bucket list" event?

Please list full names, ages and relationship to you.

Please sign and date below:-

Applicants signature

Date

NB:- If you are unable to sign due to a disability please tick here

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Section 2 – Medical information

Diagnosis:

Date of Diagnosis: / /

Current Treatment (if any):

Please state any kinds of activity which the applicant should not be taking part in because of their underlying health issues:

The information contained in this document is private and confidential. Yolo Jo's Charity will not disclose this information to anyone except your medical professional. Yolo Jo's Charity will not share or pass on to any third party.

Section 3 – Medical referrer contact details

Name (medical professional completing this form):

Title: Dr. Nurse Mr Mrs Miss Ms Other

Job title: *

Medical establishment:

Work address:

Postcode: **Work email:**

Work phone: **Work mobile:**

How did you hear about us? Medical professional Internet Social media

Word of mouth **Other**

Signature **Date**

*Note to medical professional: **If you are not in regular contact with the beneficiary** please consider asking a colleague who is, to sign the form. This is because we would like to ensure the suitability of the day for the applicant.

Please return your completed form in the addressed envelope provided or post to:-

Yolo Jo's Charity
PO Box 1318
WARRINGTON
WA4 9SW

