

Application Form



Lisa's Army is here to help people feel good

Every day deserves to be a special day but the pressures that cancer brings through diagnosis, treatment and recovery can be overwhelming to you, family and friends.

Lisa's Army looks to redress this balance by providing unforgettable bucket list days, personal shopping, make up tuition, wig purchasing, memory boxes, photography lessons to name a few.

To be eligible you must be:

- Resident in the United Kingdom
- Receiving treatment for cancer on the date we receive your completed application

Please Note

Lisa's Army will try to fulfil the request of every eligible applicant but what we are able to provide at any time is limited. Therefore

Eligibility does not guarantee that we will be able to arrange what you have requested.

Section 1—Applicant’s Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other_____

Gender: ☐ Male ☐ Female

Full Name: _____

Address: _____

Postcode: _____ E-mail: _____

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?

Ideally, when would you like this to take place?

Please sign below to confirm that you agree to our terms and conditions which are at the end of this application form

Applicant’s signature: _____ Date: _____

Section 2—Accompanying Adult

You must be accompanied by an adult (aged 18 years or over) who is familiar with your condition and can provide you with assistance if it becomes necessary.

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other_____

Gender: ☐ Male ☐ Female

Full Name: _____

Address: _____

Postcode: _____ E-mail: _____

Phone: _____ Mobile: _____

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

Relationship to applicant:

☐ Husband/Wife ☐ Partner ☐ Brother/Sister ☐ Friend

Other: _____

Please sign below to confirm that you agree to our terms and conditions which are at the end of this application form

Applicant's signature: _____ Date: _____

Section 3—Medical Referrer Contact Details

Sections 3 & 4 must be completed by a medical professional who is in regular contact with you and who has knowledge of your care and treatment. For example a nurse, GP, registrar or consultant who see you regularly.

Title: ☐ Dr ☐ Nurse ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Other _____

Full Name: _____

Job Title: _____

Medical Establishment: _____

Work Address: _____

Postcode: _____ E-mail: _____

Phone: _____ Mobile: _____

How did you hear about us? ☐ Used before ☐ Patient

☐ Internet ☐ Social Media ☐ Word of Mouth ☐ Social Worker

Other: _____

Please sign below to confirm that you agree to our terms and conditions which are at the end of this application form

Applicant's signature: _____ Date: _____

Note to medical professional: The information provided will be used to determine the applicant's eligibility and inform the safety and suitability of their choice. We will need to contact you or one of your colleagues to discuss the application. It will delay our processing of the application if we are unable to do so.

Section 4—Medical Information

Diagnosis: _____

Date of diagnosis: _____

Current Treatment: _____

Any mobility difficulties?

Any communication difficulties?

Any breathing difficulties?

Any dietary requirements?

Elimination?

Any other health information?

Section 5—Allied Health Care Professional or Social Worker

If you feel an allied health care professional or social worker who is familiar with your condition would be able to assist in helping us to arrange your request please ask them to fill in Section 5.

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other _____

Full Name: _____

Job Title: _____

Medical Establishment: _____

Work Address: _____

Postcode: _____ E-mail: _____

Phone: _____ Mobile: _____

How did you hear about us? ☐ Used before ☐ Patient ☐ Internet

☐ Social Media ☐ Word of Mouth ☐ Medical Professional

Other:

Please sign below to confirm that you agree to our terms and conditions which are at the end of this application form

Applicant's signature: _____ Date: _____

Terms & Conditions

Your application is subject to the following terms and conditions: By submitting an application, you are confirming your understanding and acceptance of these terms and conditions.

These arrangements remain between you and Lisa's Army. If the provider on behalf of Lisa's Army has/have terms and conditions that apply to you and your agreed request, we will provide you with, or direct you to, copies of them. Please read any such terms and conditions before you embark on day.

Lisa's Army does not actually provide, and it is not responsible for the outcome of, your day. Although Lisa's Army will be liable for personal injury or death caused by its own negligence, it will not be liable to you for any other loss, damage or injury that you may suffer during or in relation to your day.

Please note, however, that it is your responsibility to decide whether the proposed activities are suitable for you.

Your personal information:

Your details will be held on our database in accordance with the General Data Protection Regulation

As part of your application, Lisa's Army will contact your medical care team to discuss details of your medical condition and your request. Details of your medical condition will be stored on the Lisa's Army database and will be used to assess your application and arrange your request.

When making arrangements for your request, Lisa's Army needs to be aware of your medical condition and needs to be able to pass this information to your request provider(s) so that they can assess your suitability for the proposed activities. You agree to keep us advised of any change in your medical condition which may have a material impact on your request and you agree that we may pass this information to the provider(s) and prospective provider(s) of your request.

We may also use your personal data to produce reports of charity activity, including creating accounts of requests, sometimes using third party organisations to analyse data and compile reports. No individual information will be identifiable in any published reports.

If your application has been supported in any way by a third party (e.g. another charity or organisation has sent you our application form), then we may pass on information about your request to them.

We may also contact you by post or email after the request to keep you informed of our work. By providing your contact details you are agreeing to us doing this. You can opt out of this contact at any time.

Accompanying adult:

Your details will be held on our database in accordance with the General Data Protection Regulation. As the accompanying adult, we may contact you during the planning of the request to discuss the arrangements. We may also contact you by post or email after the request to keep you informed of our work. By providing your contact details you are agreeing to us doing this. You can opt out of this contact at any time.

Medical Professional:

Your details will be held on our database in accordance with the General Data Protection Regulation.

As the medical referrer, we will contact you to discuss this application to help us verify all the medical information provided.

We may also contact you by post or email after the request to keep you informed of our work. By providing your contact details you are agreeing to us doing this. You can opt out of this contact at any time.