

# GLASS HEART APPLICATION

PLEASE READ THE GUIDANCE NOTES BELOW BEFORE COMPLETING THE APPLICATION

## Section 1: Referrer Details

*Completed by the Referrer (Could be FAMILY DIRECTLY / SOCIAL WORKER / HOSPITAL / HOSPICE OR OTHER CARE SETTING)*

## Section 2: Patient Details

## Section 3: Family / Principle Carer Contact Details

## Section 4: Delivery Details

## Section 5: Application Feedback

## Section 6: Declaration and Verification of Application

- Applications will be accepted from:
  - Directly from the family or young person if over the age of 16.
  - The young person's social worker
  - Marie Curie Nurse / Macmillan Nurse
  - POONS team
  - Hospital Consultant or other relevant clinician (including Clinical Nurse Specialists)
  - GP or other senior health professional involved in the young person's care
- The young person must be aged under 25 (0 - 24 years + 364 days)
- All applications must be verified and signed by the referrer (Section 6) in the knowledge that the application is being made on behalf of the patient.
- Please be aware that each application is assessed by the Board of Trustees and it is not guaranteed that every application will be successful. You are therefore advised not to promise/guarantee the young person or their family that the application will be successful.
- The applications must be made within a reasonable timeframe to enable DCT to respond appropriately.
- Please be aware that by making this application you are required to provide confirmation that the medical team consider that the young person's cancer to be life threatening.

## Glass Heart Details

- Glass hearts measure approximately 10cm x 10cm and can stand up on one side for display.
- Each glass heart arrives in its own presentation box.
- Handwritten messages can be scaled to fit for sandblast engraving.
- If the young person is unable to handwrite a message, please send the wording in an email and we will choose a suitable font unless a particular font is specified.
- Glass hearts are sent directly to the young person and a signature will be required upon delivery.

## How to Submit:

- You may send this form via email to [info@dragonflycancertrust.org](mailto:info@dragonflycancertrust.org)
- Please take a photograph of the handwritten message using a smartphone or digital camera and send via email to accompany this form.
- Please include any further instructions, for example, if only certain sections of a longer message are to be engraved.

**SECTION 1 - REFERRER DETAILS**

**TO BE COMPLETED BY THE REFERRER (FAMILY DIRECTLY / SOCIAL WORKER / HOSPITAL / HOSPICE OR OTHER CARE SETTING)**

Submission Date	
Hospital Name	
Referral made by (name)	
Job title	
Working days	
Telephone	
Mobile number	
Email	

*We require this information to so that we can contact you should our Trustees have any questions in relation to the application.*

**SECTION 2 - PATIENT DETAILS**

Full name of patient			
Age on date of application		Date of birth	
Number of Glass Hearts requested	<input type="checkbox"/> One <input type="checkbox"/> Two		

**SECTION 3 - FAMILY / PRINCIPLE CARER CONTACT DETAILS.**

**TO SPEED UP YOUR APPLICATION IT IS ESSENTIAL THAT ALL SECTIONS ARE COMPLETED IN FULL**

Principle carer name(s)	
Relationship to applicant	
Is the principle carer aware of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No (the young person would like to keep this gift a secret)
Home telephone	
Mobile	
Email	

*This information is required should there be a problem with delivery.*

**SECTION 4 – DELIVERY DETAILS**

Glass Hearts will be sent from our supplier and can only be delivered directly to the young person or a family member. The courier will require a signature upon delivery.

Addressee	
Address	

**SECTION 5 – APPLICATION FEEDBACK**

What impact will this support have on the young person and their family? <i>Please select any / all that apply.</i>		
<input type="checkbox"/> Create memories <input type="checkbox"/> Provide a focus <input type="checkbox"/> Peace of mind <input type="checkbox"/> Create a platform for discussion around cancer <input type="checkbox"/> Reduce stress	<input type="checkbox"/> Connect the family <input type="checkbox"/> Impact on the patient of being able to provide a gift for loved ones <input type="checkbox"/> Impact on the patient of being able to write down words they feel difficult to say verbally <input type="checkbox"/> Provide a chance to have difficult/emotional conversations	<input type="checkbox"/> Assist with the journey of grief <input type="checkbox"/> Fulfil a final wish <input type="checkbox"/> Help the family come to terms with the circumstances <input type="checkbox"/> Reduce anxiety on the family as a whole
<input type="checkbox"/> Other Please specify where possible:		

**SECTION 6 – DECLARATION AND VERIFICATION OF APPLICATION**

TO BE COMPLETED BY THE REFERRER

**DECLARATION**

**I confirm that at the time of application, the patient named above is suffering from a life-threatening cancer diagnosis and the request meets the criteria set out in the guidance notes.**

Referrer name	
Signed <i>Electronic or typed signature accepted to avoid referral delays</i>	
Date	

## Privacy Statement

Dragonfly Cancer Trust will not use or share this information other than to satisfy the application criteria. All applications will be destroyed within 12 months of submission.

For further details please see our Privacy Policy which can be viewed at:

[www.dragonflycancertrust.org/privacy-policy](http://www.dragonflycancertrust.org/privacy-policy)

Should you have any questions in relation to this application you may contact the office by email

[info@dragonflycancertrust.org](mailto:info@dragonflycancertrust.org) or by telephone on 0191 2610971 / M; 07491641668.