



**The friends of
Sammy Joe**

"Helping to create a better life"

**Working together to break down barriers.
Trichothiodystrophy, Xeroderma pigmentosum
& Cockayne Syndrome Trust Fund**

The Friends of Sammy-Joe Foundation Grant Application Form

All personal information collected from you is required to ensure that you are provided with the most relevant care. All personal information is stored in a secure manner and your consent will always be sought prior to using your information to make a referral to another service, if required.

Child's Name: _____ DOB _____/_____/_____

Parent's details

Mother's/Guardians name _____

Father's/Guardians name _____

Referring Agency: _____

Contact person: _____ Phone: _____

What is your child's diagnosis/ condition? Please describe your child's additional need(s), may include allergies, diabetes, epilepsy, asthma. (Please attach an action plan from your doctor if appropriate).

Is your child taking any ongoing medication?

Yes/No

If yes, what is the name of the medicine and how often is it required?

Does your child attend any specialists, therapists or other services?

Paediatrician: _____ Phone: _____

Physiotherapist: _____ Phone: _____

Speech Pathologist: _____ Phone: _____

Psychologist: _____ Phone: _____

Others: _____ Phone: _____

