



# WILLBERRY'S WISHES

## APPLICATION FORM

Thank you for your enquiry to become, or nominate someone to be, a Willberry Wishee.

As you may know, Hannah established her charity, Hannah's Willberry Wonder Pony, to fund research into bone cancer, especially Osteosarcoma, and to provide Willberry's Wishes to seriously ill people of all ages, or an immediate family member (aged under 25) of someone suffering from a terminal condition. What drove her desire to grant wishes was the extraordinary kindness of so many in the equestrian world who allowed her to fulfil her bucket list. This had the most powerful impact on Hannah, and in her own words "made her feel normal, even if it was only for a while" and gave her the spirit and resolve to continue #kickingcancersbutt. We are therefore delighted to be able to offer similar experiences in Hannah's memory and, in accordance with her wishes, to give others a little joy during very tough times.

**To satisfy the criteria for a Wish, we have the following guidelines which must be met:**

- **The Wishee is suffering from a serious or long-term illness, potentially life-threatening illness or terminal condition or,**
- **The Wishee is an immediate family member of someone suffering from one of the above, and is under the age of 25**
- **The application is within 12 months of completed treatment or bereavement**
- **In accordance with the objectives of the charity, the wish to be granted must be equine related**
- **The Wishee must be a UK resident**
- **The Wishee must not have already been granted a wish by Willberry's Wishes**

Upon receipt of the fully completed form, the wish will be referred to the Board of Trustees of Hannah's Willberry Wonder Pony Charity. Please ensure this form is fully completed to avoid unnecessary delay in dealing with this Wish.



**Please read page 1 of the application before completion**

**Name of Willberry Wishee** ..... **Date of Birth** .....

**Tel No** ..... **Email** .....

**Address** .....

.....

..... **Post Code** .....

**Does the 'Wishee' have a Berry Pony?** .....

**If so, what is he/she called?** ..... **'Wishee's' favourite colour?** .....

**Reason for Willberry's Wish:**

.....

.....

.....

.....

.....

**Referrer contact details**

**Name** ..... **Relationship to Wishee** .....

**Tel No** ..... **Email** .....

**Address** .....

.....

..... **Post Code** .....

**Additional contact details (If none of the above are available)**

**Name** ..... **Relationship to Wishee** .....

**Tel No** ..... **Email** .....

**Address** .....

..... **Post Code** .....

# WISH LIST

Whilst we will attempt to grant a wish as listed below, we have to be mindful that on occasions, the nature of an illness or condition may restrict the Wishee from carrying out certain 'hands on' activities involving horses and ponies. Please give details of three wish options in order of preference so that we can try to fulfil a wish suitable to ability and not to disappoint.



First wish .....

.....



Second wish .....

.....



Third wish .....

.....

Please advise of any special medical/mobility needs and/or additional information that may be relevant to the Wishee/Wish

.....

.....

.....

.....

.....

.....

.....

.....



**TO BE COMPLETED BY CONSULTANT/DOCTOR**

**Consultant/Doctor details:** (please ask your Consultant/Doctor to read, complete & sign)

Name .....

Hospital/Surgery .....

Tel No ..... Email .....

**Summary of medical history relating to application:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Consultant/Doctor Signature ..... Date.....**

*I confirm that ..... named on page 2 of this form has been under my care and in my opinion is able to carry out the requested wish with/without the aid of additional medical/mobility needs in place as mentioned (Please delete as appropriate)*

**Consultant/Doctor Signature ..... Date.....**

**IMPORTANT INFORMATION Please read and sign**

The offer of a wish granted by Hannah’s Willberry Wonder Pony Charity, will be accepted at the discretion and responsibility of the individual named on this application form, and/or their guardian, together with the opinion of the Wishee’s consultant.

I confirm that I have read and understood the terms and conditions for Hannah’s Willberry Wonder Pony Charity to grant a wish. I further confirm that:

- I/ ..... am/is well enough to participate in the requested wish and have/ has the necessary ability and experience.
- I am aware that Hannah’s Willberry Wonder Pony Charity does not have the ability or capacity to assess my/.....’s medical condition or my/.....’s ability and experience in relation to equestrian activities and that I have made my own judgement about the suitability of the requested wishes for me/.....
- I am aware that Hannah’s Willberry Wonder Pony Charity does not offer personal injury or any other form of insurance to Wishees or any other person taking part in a Wish.
- I/..... understand that it is my responsibility to make travel and/or accommodation decisions necessary to get to the destination of the wish together with arrangements to return home and not the responsibility of Hannah’s Willberry Wonder Pony Charity.

**Please tick one of the boxes below**

I agree to my wish being made public to help raise awareness of the work of Hannah’s Willberry Wonder Pony Charity

OR

I would prefer my wish to remain private  
(Please tick as appropriate)

**Signature of Wishee** .....

**Signature of Parent/Guardian of Wishee** .....

if under 18 (please delete as appropriate)

**Date** .....

\*Note Hannah’s Willberry Wonder Pony Charity is registered with the Information Commissioner’s Office and complies with the General Data Protection Regulation 2018 and carries out all due diligence and duty of care to ensure the protection of any personal details held. Please refer to the charity’s Privacy Policy which is available on our website for more information.

**Please return completed form to: Manor Farm, Hemington, Radstock BA3 5XX**

**and email a copy to: [wishes@willberrywonderpony.org](mailto:wishes@willberrywonderpony.org)**

