

# CHF Molly's Dolly Application Form



**children's heart**  
FEDERATION

Name of heart child .....

Gender Male  Female

Date of Birth .....

Heart Condition .....

Cardiac Unit .....

Name of Professional .....

Role/Position .....

I feel this child would benefit for therapeutic reasons from a Molly's Dolly.

Professional's Signature .....

Name of parent/s or Guardian (Mr/Mrs/Ms) .....

Address .....

..... Postcode .....

Telephone ..... Email .....

## Personalise Your Molly's Dolly



Male Doll

Female Doll

Blonde Hair

Brown Hair

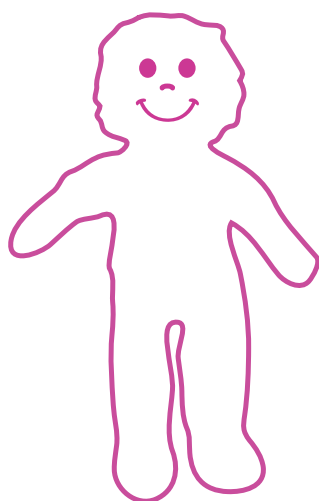
Black Hair

Red Hair

White Skintone

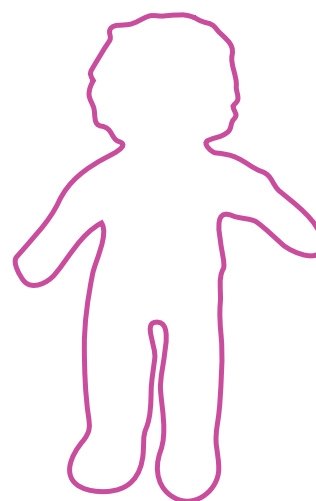
Brown Skintone

Black Skintone



Front

(Please mark scar(s) on the pictures of the doll)



Back

Each Molly's Dolly costs CHF approximately £20. Making a donation in return for your Molly's Dolly would enable us to continue to improve the programme and provide other families with support. Thank you.

Please return your application form to: Samantha Johnson, Molly's Dolly, Children's Heart Federation, Level 1, 2-4 Great Eastern St, London, EC2A 3NW; Fax: 020 72472087; Email: [samanthaj@chfed.org.uk](mailto:samanthaj@chfed.org.uk)

I do not wish to be contacted by the Children's Heart Federation