



Molly's Dolly Application



Name of heart child

Date of Birth Boy Girl

Heart Condition.....

Cardiac Unit

Professional's Name.....

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

.....Post Code

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

Personalising Your Doll

- boy girl doll.
- blonde brown black hair.
- white brown black skin.
- front chest modesty pace maker insertion back side scar.



Front

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



Back

Your Help! Each Molly's Doll costs us approximately £20 each. It would be great if in return of your Molly's doll you could make a **donation**. This would enable us to keep providing this service to other families and to improve it more and more. 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

- I would like to be kept up-to-date with the work of Children's Heart Federation.

Privacy Policy: At Children's Heart Federation information is fairly and lawfully processed. It is processed for limited purposes, is adequate, relevant and not excessive, accurate and up to date. It is not kept for longer than necessary, it is processed in line with your rights (i.e. the right to find out what personal information is held on computer and most paper records about oneself), secure and is not transferred to third parties without your permission.