



Office Use

Ozzy posted: Date & Qty:

Activity booked:

Value:

Posted:

Activity booked:

Value:

Posted:

Activity booked:

Value:

Posted:

Referral Form

Name (of adult/patient):

Date of birth:

Address:

Email:

Contact number:

Children's name and ages:

Do you require an Ozzy (our stuffed Elephant) due to funding constraints, these are prioritised for the under 11's.

We offer Ozzy in either pink or grey- please state colour preference

Suggested local activities to you that you think your children would like to do (optional)

ie cinema, play centre, heritage park, farm, craft centre, etc

Health Professional use

Name of patient:

Diagnosis date:

Current cancer treatment/future treatment details:

I can confirm the above patient is currently undergoing treatment for a form of cancer and has children in their care as a parent and or legal guardian under the age of 16 living with them.

Signed _____

Name: _____

Health care centre _____

Contact Tel No: _____

Positions/Role _____

Date _____

Please post this out or email it over, details below

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