



JUMP Referral form

Tel: 0843 658 0162

Email: refer@jump.uk.net

Registered Charity Number: 1105437

Please complete this form and return to the address below. A member of the JUMP team will contact the parents named on the form or if stated, the referrer or specified family member to discuss the referral

Child's Name and Date of Birth:	
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Parent's Names, address and contact details:	
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Organisation/Name and contact details of Referrer:	
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Please give a brief description why child is being referred (include child's condition and date of referral):	
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Please give a brief history/background of the family being referred. If known, please include the type of memory package is wanted (Photo's, Photo book, DVD, canvas):	
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Please return both pages of the form to the address on the next page



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JUMP official use:

Date and time of memory:	
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Venue where memory is to take place:	
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JUMP team to attend memory (include details, itinerary and if Tiggeroo is required)	
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Declaration for Parents or Guardians to sign:

I understand that JUMP will store the personal information given above, and will provide a memory package which involves taking photographs of my child/and family. The personal data and photographic memorabilia will be stored on JUMP's secure PC and will not be used or shared with any other persons or business. JUMP may use any photographs taken, as part of our displays at events such as Kidz Up North or Disability Awareness Day or on our website promoting the type of service we provide. If you do not wish us to use these photographs please tick the box below. Should families require any further additions or copies of original memories, unfortunately due to demand and financial budgets this can not be covered by Jacobs Unique Memory Pot. Whilst we will always provide extra additions to memories cost will be incurred by the recipients. This cost will be kept to a minimum. **Please Note: Delivery for the Memory may take up to 4-6 weeks.**

Signed: _____
(Parent/Guardian signature)

Date: _____

I do not wish for our pictures to be used by JUMP (please tick)

JUMP Memory Co-ordinator: _____

Signed: _____ Date: _____

Send the completed form to:

JUMP Referrals, Steven Stout MBE. 74 Payne Close, Great Sankey, Warrington, Cheshire WA5 1DU