

CHF Molly's Dolly Application Form



Name of heart child

Gender Male Female

Date of Birth of heart child

Heart Condition

Cardiac Unit

Name of Professional

Role/Position

I feel this child would benefit 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

Carefully add scars to the figures on the right to have them replicated on the doll and/or circle the "Taking Warfarin" bracelet for Warfarin users.

Put a circle round the picture of your chosen Molly's Dolly.



Each Molly's Dolly costs CHF approximately £20. If you would like to make a donation in return for your Molly's Dolly it will help us to improve the programme and provide other families with support. Thank you.

Return your application to: Molly's Dolly HQ, Children's Heart Federation, Suite 12, Lakes Industrial Park, Braintree, Essex,

CM7 3RU email: info@chfed.org.uk

For help or information call: 0300 561 0065