



## Ipad Application Form



Name Of Child \_\_\_\_\_ Age : \_\_\_\_\_

Name Of Parent (s) / Gaurdian \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Address/ Accomocation \_\_\_\_\_  
\_\_\_\_\_

Does your child have acces to an iPad? Yes No

Type of Cancer \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Childs Dr. \_\_\_\_\_ CNC \_\_\_\_\_

Social Worker \_\_\_\_\_

Hospital Of Treatment \_\_\_\_\_

Could you please send a photograph to us with your child and their new iPad?  
This helps us help more familes like yours.

Help us get more ipads by sharing your story. Do you consent to Richie's Rainbow using your photographs for social media? Yes No

Please Email Completed Form to [info@Richiesrainbow.org.au](mailto:info@Richiesrainbow.org.au)

Official use only

Approved by

Date

Signed by

Ipad Serial Number

Hospital

Ward

