



Ipap Application Form



Name Of Child _____

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

Official use only

Approved by

Date

Signed by

Ipap Serial Number

Hospital

Ward

