

## The Ambulance Wish Foundation UK - Application Form

Please fill out the form below and describe your wish as clearly as possible, stating the address where you would like to be picked up from and the address/destination you would like to go to. We will then look into the organisational aspects of your wish and will contact you as soon as possible. For us to do this please provide all relevant telephone numbers on which we can reach you as well as an email address.

The Ambulance Wish Foundation UK fulfils all wishes for free. *However, if you could include a brief account of your wish and the reasons behind it we would like to share your story anonymously with our sponsors and to generate more donations for the foundation in order to help others fulfil their wishes too.* By completing the form you consent to the information being shared to our carefully selected and trained volunteers. The information you provide will be kept securely and in accordance with current GDPR requirements.

### Criteria and Conditions of Transport

Please read this section carefully prior to completing the application form. If you have any problems completing the form, please contact us by email on [info@ambulancewishfoundation.org.uk](mailto:info@ambulancewishfoundation.org.uk). One of our team will respond.

### Criteria for the Provision of Wishes

1. The aim of the Ambulance Wish Foundation UK (AWF-UK) is to assist any terminally ill person, within the United Kingdom, who is approaching the end of life and who would otherwise be unable to fulfil their final wishes due to logistical barriers.
2. The AWF-UK, due to limited resources and other operational reasons, cannot guarantee the fulfilment of any journey and reserve the right to cancel or postpone a journey at any time.
3. The AWF-UK ambulance should only be used when there are no other suitable transport options available to complete the journey.
4. The AWF-UK aim to provide a suitable vehicle, with appropriately trained volunteers to convey the AWF-UK user between two points.
5. The AWF-UK cannot fund any other activities.

### Conditions of Transport

- Users must have the support of their lead clinician in undertaking the proposed journey. The lead clinician must be named on the application and they or their deputy need to be contactable (if required) for the duration of the wish.
- Users must have enough and appropriate medicines and medical devices for the proposed journey and an escort authorised to administer such medicines and maintain any devices. We can carry medications securely for the duration of the wish.
- In the event of an emergency, the policy of the charity will be to halt the transport in a safe place and dial 999 to request the attendance of an NHS emergency ambulance.

Due to the Deregulation Act 2015, we cannot provide emergency transport to a hospital using blue lights and sirens.

- Whilst awaiting the attendance of an emergency ambulance AWF-UK volunteers can provide basic first aid only.
- In the event of the service user's condition deteriorating during transport, the AWF-UK volunteers can provide basic first aid only.

The journey will be aborted and the Wish user will be returned to the original pick-up address.

- All persons must carry with them a valid Do Not Resuscitate order (DNA-CPR) and/or a valid Advanced Directive to Refuse Treatment (ADRT), which states that resuscitation is not wanted **or** have a person travelling with them with a valid Power of Attorney - Health & Welfare (LPA-Health & Welfare) and who has signed the attached disclaimer.

**By completing and returning this application form you accept the above conditions. For further information on the terms used, please discuss with your Palliative Care Providers or check out the following websites:**

- [DNA-CPR](#)
- [Advanced Directives to Refuse Treatment \(ADRT\)](#)
- [Lasting Power of Attorney](#)

## About The Wish

### Your Wish

Describe your request

Do you have a preferred date for the wish? Please state.

### About the Wish Ambulance User

First Name\*  Last Name\*

Home address: \*

Home phone number \*  Mobile phone number

Email Address:

### Next of Kin Details

First name(s) \*  Last name \*

Is address same as user? yes/no

Address (if not the same as user)

Phone number \*  Email

### General Practitioner

Name  Phone Number

Surgery Address

**Consultant in charge of Palliative Care**

Consultant Name  Consultant Phone Number

Consultant Address

**Palliative Nurse in charge of Care**

Nurse Name  Nurse Phone Number

Nurse Address

**Pick-up Address**

Ground floor  1st floor  2nd floor  3rd floor  Higher floor

Is there a lift available? Yes  No  Not Applicable

Does the pick-up address have access suitable for a stretcher? Yes  No  Not Applicable

**Please note:**

Only Specialist Volunteers can lift users down stairs in a carry-chair. It is important to let us know in advance if there are **any** stairs at the home property.

Please let us know of any logistical issues at this address

**Destination address**

Ground floor  1st floor  2nd floor  3rd floor  Higher floor

Is there a lift available? Yes  No  Not Applicable

Does the destination address have access suitable for a stretcher? Yes  No  Not Applicable

**Please note:**

Only Specialist Volunteers can lift users down stairs in a carry-chair. It is important to let us know in advance if there are **any** stairs at the destination property.

Please let us know of any logistical issues at this address

## Regarding the Ambulance Wish User - Situation and Transportation

Wish user's weight

Medical situation and life expectancy:

Any medical devices: (Tube feeding, Stoma, Oxygen, Catheter, etc.)

Is there a DNA-CPR in place? Yes  No

How mobile is the ambulance wish user?

Walking with assistance

Sitting in wheelchair

Bedridden

Other. Please fill in below:

Is it possible to fulfil this wish with a passenger or wheelchair taxi? Yes  No

Any other information to add?

## About the Person Referring the Service User

First name(s)\*  Last name \*

Address \* (inc Town/City \*)

Postal code\*

Email

Land-line number

Mobile phone number (preferable)

## Additional information

Please state if you have POA for health & wealth, including End of Life decisions

Yes  No

***Please send us a copy of the document. You can send it by email to [info@ambulancewishfoundation.co.uk](mailto:info@ambulancewishfoundation.co.uk)***

Any Additional Information?

How did you find us?

Have you made a wish request elsewhere before? Yes  No