

Letter of Application for The Sadie Bristow Allergy Management Fund

Your address

House name or number

City

County

Postal Code

Date

Dear Committee

I would like to apply for the Allergy Management Fund provided by the Sadie Bristow Foundation.

The fund includes:

* A 15-30 minute 1-1 with Dr Helen Evans-Howells GP with a specialist interest in allergy to assess their situation and to give advice and clinical information. Previous allergy assessments and test results are reviewed ahead of the appointment.
* They have access to a closed Facebook group where they can post questions which are answered by a member of the clinical team.
* Once a month there is an online group session with a dermatologist, a psychologist, a dietitian and a GP which cover important topics related to food allergy and participants can have questions answered.
* Once a month there is also an expert speaker running a session.

Main Application

In order to consider your application please provide the following information.

|  |  |
| --- | --- |
| How many children do you have? —— | What are their allergies? Child 1Child 2Child 3Child 4Name and age of child you wish to be considered for the fund. ……………………………………………………………… |
| What medical care have you had?e.g from your GP, Allergy Paediatric Consultant, Dietician, Dermatologist and Psychologist. |  |
|  If you are under an allergy specialist: why are you applying for the fund? |  |

**Explain the concerns you have for your child and what you hope to get out of each professional’s advice:**

**Optional information: You do not need to fill these out however, it will help us build a picture of your journey and will help us develop which services we may be able to provide in the future**.

If you would like to tell us about your important life experiences, issues with diagnoses, issues with educators etc

If you have any extenuating circumstances such as multiple siblings, single parental income, maternity leave etc

**Please fill out the form so we can have a brief outline of the allergies, eczema, asthma and food related concerns you have.**

|  |  |  |
| --- | --- | --- |
| **Does your child have a food Allergy**  | **Yes/No** | **Which Foods or Groups?** |
| **Do you have issues with weaning?**  | **Yes/No** | **What are your main concerns?** |
| **Is your child a Fussy Eater?**  | **Yes/No** | **Have you had help with this?** |
| **Eczema**  | **Yes/No** | **Which areas?** |
| **Diagnosed Asthma**  | **Yes/No** |  |
| **Environmental Allergies**  | **Yes/No** | **Which ones?** |
| **Any other health conditions?** |  |  |
| **Additional Info (optional)** |  |  |