



# Referral Form



[www.jumpchildrenscharity.co.uk](http://www.jumpchildrenscharity.co.uk)



0843 658 0162



[enquiries@jump.uk.net](mailto:enquiries@jump.uk.net)

Child's name:

Address:

Parent or carers name:

Home tel:

Mobile:

Refers name:

Organisation:

Contact tel:

Please provide a brief description of the child's health condition & how it may affect their memory shoot e.g..No flash photography

Venue for the memory:

Requested date & time:

We would like to be supported with a JUMP (please tick one)

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Memory Photo Shoot

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Memory Video

JUMP referral declaration - By submitting a referral form I understand that JUMP will store the information securely as outlined in their privacy policy. I recognise that JUMP will provide a memory making session that involves taking photographic images of my child/family. I understand that any personal information I provide will not be shared with any other persons other than those directly involved in the production of my child's memory. Should JUMP wish to use the images taken for any use other than the production of your child's memory book or film, you will always be told the purpose of using the images, where we intend to use them and asked for consent. Please note that memories take 4-6 weeks to be produced and delivered. Please see our website for the full privacy policy and for more information on purchasing additional copies or products of the images.

Signature:

Date:

**Inspired by Jacob Hawthorn — 'Jacob's Unique Memory Pot'**