



NEC UK

Because Tiny Bowels Matter

Registered Charity number: 1181026

Website: www.necuk.org.uk Email: info@necuk.org.uk

Enquiries: 07375813907

New Address: 42 Long hill Rise, Annesley, Nottingham, NG17 9FG

NEC UK Charity Nappy Support Application Form

Please return your completed application to the above postal or email address.

Parent information (PLEASE USE CAPITAL LETTERS)

Parent Name:

Home Address:

Postcode:

Contact number:

Email address:

Please advise us if you are currently staying in hospital or in parent accommodation with an expected stay of 7 days or more and would like to use a C/O address.

Ward/Unit:

Address:

Postcode:

About your baby/child (PLEASE USE CAPITAL LETTERS)

Age of baby/child:

Weight:

Nappy size:

Has your baby/child had NEC? Medical Surgical

Is your baby/child currently in hospital? Yes No

Does your baby/child have a stoma? Yes No

Does your baby/child have short bowel syndrome? Yes No

Is your baby/child experiencing complications with their bowel because of NEC. Please briefly tell us what these complications are:

Nappy usage (PLEASE USE CAPITAL LETTERS)

Does your baby/child have any known allergies to nappy brands?

How many nappies do you use in a 24-hour period on average?

Does your baby/ child receive any support with nappies from NHS services, an organisation or company? Yes No

If so how many nappies are provided per a 24-hour period?

Are you awaiting an assessment for Nappy support elsewhere? Yes No

Information and consent

How did you hear about NEC UK?

Information you provide will never be sold on to a 3rd party. NEC UK will store the information you have provided confidentially and securely for the duration we are able to offer this support to you. After which time it will be securely destroyed. If you would be happy for NEC UK to store anonymous data that will assist our organisation to help other families, please tick here Yes No

Please sign here to give your consent to the professional verification section of your application: _____ Date: _____

Professional verification (This section must be completed by professionals only)

Please can you confirm you are familiar with the named baby/child and to the best of your knowledge the baby/child falls under our charity's criteria of being a baby/child who;

- ✓ Has a stoma because of NEC or NEC related complication.
- ✓ Has Short bowel syndrome (SBS) because of NEC and where an average use of nappies is regularly exceeded.
- ✓ Is currently in hospital recovering from NEC, or NEC related complication or a reversal procedure.

Signed: _____ Date: _____

Your name: _____ Role: _____

Professional address: _____

Professional contact number: _____

Thank you very much for your assistance.