

To be retained for your reference purposes.

Play Therapy Pod Loan Service

Newlife provides the free loan of specialist developmental toys to families who have a disabled or terminally ill child. This is primarily for use at home, but the nature of the toys provided means they can be used in a variety of care settings and during journeys. Each pod consists of a variety of specialist toys chosen by Newlife's Play Specialist to support a variety of ages, sizes and abilities. For more information about the contents, and guidance about the type of Play Therapy Pod that you may find beneficial using with your child, please call 0800 902 0095 to speak with Newlife's Care Services Team.

Specialist Toys

All children learn about the world around them through play, and Newlife are encouraging playful engagement between children and their parents by offering the free loan of specialist toys. Every item is carefully considered and Newlife takes into account medical conditions, known allergies or sensitivities and ensures the items are safe, clean and appropriate before they are dispatched – delivered directly to the family home.

The Pod

The Play Therapy Pods are designed to take into account the size, disabilities and developmental needs of the child. Families can indicate which Pod they think will support their child's needs by selecting the most appropriate for their child from a choice of ten Pods. You may also apply for multiple loans to support your child's development. Newlife's Care Services Team are available for help when completing the application form – simply call 0800 902 0095 (Monday-Friday 9.30am-5pm and Wednesdays until 7pm) for support.

Elliott's Story

Elliott, aged five and from Huddersfield, is enjoying his second loan. Mum Lori Wood says: "The first box was full of tactile toys like wooden building blocks and a kaleidoscope. He would choose what he wanted to play with and we would concentrate on those toys, which we used to develop his school-based learning programme. Using the toys is benefitting Elliott enormously. There is no way we would be able to go out and buy all these things ourselves."

Avy's Story

Avy, from Nottingham, was aged four when he first used a Play Therapy Pod. Mum Chitra Acharya says "We have just received our second Play Therapy Pod Loan – and Avy loves them. The pod contains lots of specialist sensory toys which are carefully chosen for children's individual needs and this means Avy responds really well to them. The health professionals who work with us at home have been very impressed with the range."

What You Can Expect

As parents, teachers, therapists and social care professionals know, the use of toys can help children in many ways. They can teach cause and effect, assist with developing hand/eye coordination and promote understanding about balance and movement, while encouraging the development of fine and gross motor skills. They can also stimulate audio and visual senses and many children find comfort and distraction from pain or distress through play.

Newlife knows that providing appropriate toys can also help families come together through play and develop their relationships and communication with each other. This service can really support quality time together for families across the UK.


Please consider some of these points when completing this simple and short application form.

Following receipt of a completed application, we will add your details to our secure database and will contact you as soon as an appropriate Play Therapy Pod is available so we can mutually agree arrangements for delivery. We contact you after the loan period is complete (12 weeks) to arrange collection. Please note that failed deliveries and collections mean that Newlife incurs extra costs that need to be avoided to ensure that this remains a free service.

Play Therapy Pod Application Form

Managing Your Information

If you would like to know more about what we do, or help us in other ways that could help change the lives of disabled children and their families then please tick the relevant boxes below. The permissions associated within this section "managing your information" refer to the applicant's details rather than anyone else referred to in the application.

<p>Do you agree to receive additional information about Newlife's Care Services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', you can expect that we will contact you initially to provide details about all of our Care Services and then potentially as we develop and update each individual service.</i></p>
<p>Do you agree to Newlife providing the child/young person's first name (only), age, county, their condition, and reason why they need the toys to donors and supporters to demonstrate the demand for services and encourage support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', we will only share this information. We know that our supporters are inspired when we tell them about the children we have helped or wish to help, so it's important we can share some basic information. This is common with most charities who are highly dependent on the public to help them raise funds to meet the needs of children and their families.</i></p>
<p>Do you agree to provide a photo of the child/young person that could be used to highlight their specific need for the toys within this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', please note that this can be sent by email to careadmin@newlifecharity.co.uk or by Royal Mail standard delivery.</i></p>
<p>Following delivery of the toys, do you agree to Newlife contacting you to gather feedback on the service received and difference made by this provision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', Newlife will email or telephone you three months after equipment has been provided.</i></p>
<p>Following delivery of the toys, do you agree to speak to our media team about the difference the equipment has made in order to raise awareness of our services to other families in need? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', our media team will contact you once the equipment has been delivered to find out how it has helped the child/young person and if appropriate, your family as a whole. If you wish to help us develop a media story for awareness or fundraising purposes, the media team will seek additional permissions.</i></p>
<p>Would you be interested in speaking to our fundraising and volunteering teams about wider opportunities to support the charity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'Yes', as fundraising and volunteering opportunities arise, we will contact you to see if you would like to offer support; on average this would not be more than five times a year.</i></p>
<p>Do you consent to the data provided in this application to be anonymised (removal of all personal data) and analysed for the purpose of research and reporting on the work of the charity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>For all the questions above where we ask you if you are happy to be contacted by a Newlife department other than Care Services, please specify your preferred method of contact:</p> <p><input type="checkbox"/> By post <input type="checkbox"/> By email <input type="checkbox"/> By phone</p> <p>Name _____</p> <p>Signature _____ Date  _____</p> <p>We, Newlife the Charity for Disabled Children, are the 'Controllers' of the personal data and health information we collect. We need to collect and process certain information to allow us to provide any of the named Care Services below. To see Newlife's full privacy notice, please visit http://newlifecharity.co.uk/docs/general/Resources-and-Documents.shtml</p>

Play Therapy Pod Loan Application Form

Who Is Completing This Form?

This form would normally be completed by someone with parental responsibility and/or the main carer of the child/young person who needs equipment. However, if a child/young person aged 12 or over wishes to be treated as the applicant and is usually regarded as capable of making decisions associated with their own care i.e. they have the mental and emotional development to make sound decisions, then Newlife commits to treating this child/young person as the applicant within the application for equipment.

As the applicant, please state if you are the: Parent/Main Carer Child/Young Person

Please note that the child/young person must be over 12 years to complete this form and subsequently be considered as the applicant. If the child/young person is to be contacted directly regarding this application, please still complete the section below to provide parent/carer details so that they can be informed and involved in future communications.

If the recipient Child/Young Person is not the applicant, what is the relationship of the applicant to the child/young person?

Parent/Carer's Details

The details given below should relate to someone who will take responsibility for the loaned toys, following a successful application. Care should be given in line with the terms and conditions listed within this application form.

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Master <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		
First Name	Family Name	
House No. & Street		
Town	County	Postcode
Is the child/young person living at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please explain further:		
How would you describe the child/young person's family situation? <input type="checkbox"/> Living with both parents (include step-parents) <input type="checkbox"/> Living mainly with one parent <input type="checkbox"/> Living with care given, at different locations, by both parents <input type="checkbox"/> Other (please specify)		
Are the toys requested for use at a different address than the child's home? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide the address and identify if you would prefer the Play Therapy Pod to be delivered to this address:		

In order to progress this application you need to give a daytime telephone number and email address that you check regularly. The other numbers are useful for ensuring timely provision of a Play Therapy Pod.

Tel (daytime):

Tel (home):

Tel (mobile):

Email Address:

Can you speak English? Yes No

Your preferred language:

Have you previously used any of Newlife's services?

Yes No

If 'No', please tick the appropriate box to indicate how you heard about Newlife:

Professional The Media Publication/Leaflet Internet Other (please specify)

As the child/young person's main carer, are there any health problems, disabilities or mental health issues, which affect your ability to provide care e.g. back problems, etc?

Please provide as much detail as possible because Newlife's Emergency Equipment Loans consider the wider impact that equipment provision has on the main carer's ability to deliver care.

Have you received a Carer's Assessment?

Yes No

If 'Yes', did you receive any additional care/support following the assessment?

By informing us of this information, if you are eligible for a carer assessment but haven't had one, we can provide written information about how gain an assessment. Would you like more information?

Yes No

As the child/young person's main carer, are you receiving any of the following types of support (tick all that apply):

Day Respite Night Respite Short Breaks Early Help Portage Family Support Worker
 Special Needs Groups Holiday Play Schemes

Please provide as much detail as possible, as Newlife's Care Services consider the holistic difference that equipment provision makes to the main carer's ability to deliver care, to be important.

Are there any other children or siblings of the child/young person, living in the same home?

Yes No

If 'Yes', please give their gender, ages and state if they have any significant health problems or disabilities:

In providing this information, our Care Services Team will consider the implications of provision on other children/siblings.

Parent/Carer Demographic Information

This information can help us to shape our services and support communities throughout the UK. We may also use information within our fundraising applications to demonstrate the support we provide. Decision to withhold information will not affect the progress of your application.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Age	<input type="checkbox"/> 0-24 years <input type="checkbox"/> 25-64 years <input type="checkbox"/> 65+ years <input type="checkbox"/> Prefer not to say

Ethnic background	
White	<input type="checkbox"/> English/Scottish/Welsh/NI
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Gypsy or Irish traveller
	<input type="checkbox"/> Any other white background
Mixed	<input type="checkbox"/> Mixed ethnic background
Asian/Asian UK	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Any other Asian background
Black/African / Caribbean/ Black UK	<input type="checkbox"/> African
	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> Any other Black/African/ Caribbean background
Other	<input type="checkbox"/> Arab
	<input type="checkbox"/> Any other ethnic group
Prefer not to say	<input type="checkbox"/> Prefer not to say

Religion or belief	
<input type="checkbox"/> No religion	<input type="checkbox"/> Islam
<input type="checkbox"/> Christianity	<input type="checkbox"/> Sikhism
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other religion
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Judaism	



Need Support Or Information?

Want To Speak With A Newlife Nurse?

Newlife's Care Services Team readily use confidential translation services. We want you to feel comfortable when raising sensitive questions or discussing important matters.

 **0800 902 0095**

Simply call (free from UK mobiles and landlines) and inform a Nurse of your preferred language.

Newlife Nurses will provide caring emotional support and useful information regarding:

- Access to health & social care professionals.
- Rights & benefits.
- Local & national services.
- Delivery of care in the community.
- Rare & complex conditions.



Child/Young Person's Demographic Information
Is the ethnic background, religion or belief of the child/ young Person different to the Parent/Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', please specify:</i>

Child/Young Person's Details

This section is designed to capture the details of the child/young person who will be using the Play Therapy Pod following a successful application for a Play Therapy Pod. The minimum eligibility requirements for a Play Therapy Pod loan - the short-term loan of specialist toys - are that the child/young person is a permanent UK resident, has a significant disability which affects their daily life (including a life threatening/limiting condition or has been diagnosed as terminally ill) and is under 19 years of age.

First Name	Family Name
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
National Insurance Number	NHS Number
<p>If they are old enough to do so, can you describe how the child/young person gets about? If too young to move around independently, do not select an option.</p> <p><input type="checkbox"/> Walk unaided <input type="checkbox"/> Walk using aids <input type="checkbox"/> Unable to walk <input type="checkbox"/> Crawl <input type="checkbox"/> Other (please specify):</p>	
<p>Can the child/young person maintain head control by themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Can the child/young person bear their own weight? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p>	
<p>Does the child/young person have: (please tick all that apply and provide details regarding the severity to which they affect daily life)</p> <p><input type="checkbox"/> Any spine, limb or hip problems, which affect their walking or sitting?</p> <p><input type="checkbox"/> Poor muscle control in any part of their body?</p> <p><input type="checkbox"/> To be hoisted to transfer between positions?</p> <p><input type="checkbox"/> Any difficulties with breathing?</p> <p><input type="checkbox"/> Epileptic seizures? <i>If so, please record the extent to which these are controlled and if there are any known triggers for these seizures - such as flashing/bright lights, loud noises etc. Please note that if we believe there to be an associated risk we will remove items from the Play Therapy Pod before provision.</i></p> <p><input type="checkbox"/> Any type of digestive, stomach or bowel problems?</p> <p><input type="checkbox"/> Problems with their sight?</p> <p><input type="checkbox"/> Problems with their hearing?</p>	
<p>Relevant to their age, does the child/young person have difficulty with:</p> <p><input type="checkbox"/> Speech? <input type="checkbox"/> Toileting? <input type="checkbox"/> Sleeping? <input type="checkbox"/> Understanding danger?</p>	

Would you say, or have you been told, your child has a problem with their behaviour?

Yes No

If 'Yes', please identify if a behavioural management plan has been developed to support the child and give information about how well it is implemented.

If deemed relevant to this application, would you be happy to share a copy of the child/young person's behavioural management plan?

Yes No

If 'Yes', this will be specifically requested and does not need to be provided when submitting this application.

Does the child/young person have any allergies or sensitivities? *If 'Yes' please list below:*

Yes No

Please note that if we believe there to be an associated risk we will remove items from the Play Therapy Pod before provision



Diagnosis And Services

Newlife retain the right to capture more information through a short telephone interview, if there isn't enough detail provided within this application form, in order to authorise the costs associated with the loan. Therefore, it is worthwhile noting that the quality of information provided in this application form will directly affect the pace at which we can provide the Play Therapy Pod.

Please tell us about the child/young person's condition, diagnosis or disability:

Is it considered to be a: Significant disability? Life threatening condition? Life limiting condition? Terminal illness?

Newlife defines a significant disability as being a physical and/or cognitive impairment which affects activities of daily living. A life-threatening condition should be defined as a condition whereby the next period of ill health would make it likely that life-sustaining intervention would be needed. Newlife defines a life-limiting condition as a condition that results in a shortened life expectancy, as opposed to having limited life experiences that could affect quality of life. A terminal illness is generally defined as not being expected to live longer than six months and/or a person who has an advanced care plan to meet end of life care needs.

Please provide additional information to help us understand the cause of the condition, diagnosis or disability:

Is the child/young person awaiting hospital admission for surgery or tests? Yes No

Does the child use the services of a Hospice? Yes No

Does the child/young person attend school? Yes No

If 'Yes', What's the name and address of the school?

Does the child/young person go to a:

- Mainstream nursery
- Mainstream nursery with extra support
- Mainstream school
- Mainstream school and has extra support
- Mainstream school and uses a special unit
- Attends a special school
- Is educated in a different way, please give details:

<p>Is the child/young person's education: <input type="checkbox"/> Independently funded <input type="checkbox"/> Local authority funded <input type="checkbox"/> Unsure</p>
<p>Does the child/young person have an Education, Health and Care Plan (EHCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <i>If 'Yes', when is the annual review due:</i></p>
<p>If deemed relevant to this application, would you be happy to share a copy of the child/young person's EHCP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', this will be specifically requested and does not need to be provided when submitting this application.</i></p>
<p>Which professionals have provided care to this child/young person in the past two years? Please give their role and where possible, details of their employer and the care setting within which they deliver care; e.g. Physiotherapist, funded by NHS, delivering treatment in school.</p>
<p>Please give the name of the child/young person's General Practitioner, surgery name, address and their telephone number:</p>
<p>Is there currently a Social Worker involved in the child's care? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', please provide contact details:</i></p>
<p>Are there any safeguarding concerns related to this child/young person? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', please give details that are relevant to this application:</i></p> <p><i>If 'Yes', please state if they are:</i> <input type="checkbox"/> Current concerns <input type="checkbox"/> Historical concerns Please provide additional details about the extent to which any current or historical concerns are relevant to this application:</p>
<p><i>As an organisation that isn't directly involved in the child's care, a historical perspective of safeguarding concerns can be helpful when understanding the reason for this application.</i></p>

Types of Play Therapy Pods


All of our Play Therapy Pods are designed to provide quality opportunities to support a variety of areas of development. The Play Therapy Pods are to be used under adult supervision to allow for greater play/learning opportunities. Whilst purposeful play will help an individual child, the loan of the Play Therapy Pod can bring the whole family enjoyment.


Our Play Therapy Pods contain visual, auditory, tactile and interactive specialist toys - which have been placed into different categories for parents to choose from.


We recognise that all children’s development is unique to them, and children may need toys that are better suited to their mental and emotional development. As such we will happily accept applications for any pods that don’t exceed your child’s physical age. Do not hesitate to select multiple Play Therapy Pods to provide limitless joy within one application.


If you need support in identifying the type of pod that would offer the most support, please don’t hesitate to contact Newlife’s Care Services Team on 0800 902 0095 or liaise with your local professional to help identify ways to use the toys in line with any existing developmental plans which you may have.


We also have a useful family resource ‘Powerful Play’ available to access via our website.

 **Visual Toys** - encourage visual focus, coordination and stimulation.

 **Interactive Toys** - demonstrate cause and effect and encourage interactive play.

 **Auditory Toys** - make noises and encourage auditory stimulation.

 **Communication Toys** - encourage an understanding of different ways to communicate thoughts, ideas, wants and needs.

 **Tactile Toys** - will stimulate touch and encourage associated motor functions.

Age of Child	Type of Play Therapy Pod				
Sensory Pod - suitable from birth	<input type="checkbox"/> Sensory Play				
Adventure Pods - suitable from 18 months	<input type="checkbox"/> Multi-Sensory Play	<input type="checkbox"/> Underwater Adventure	<input type="checkbox"/> Animal Adventure	<input type="checkbox"/> Travel Adventure	<input type="checkbox"/> Space Adventure
Discovery Pods - suitable from 3 years of age	<input type="checkbox"/> Discovering Vision	<input type="checkbox"/> Discovering Sounds	<input type="checkbox"/> Discovering Textures	<input type="checkbox"/> Discovering Interactions	<input type="checkbox"/> Discovering Communication
Explorer Pods - suitable from 5 years of age	<input type="checkbox"/> Exploring Vision	<input type="checkbox"/> Exploring Sounds	<input type="checkbox"/> Exploring Textures	<input type="checkbox"/> Exploring Interactions	<input type="checkbox"/> Exploring Communication

Do you have any questions or concerns that you would like to discuss with Newlife’s Care Services Team about your choices of Play Therapy Pod, or generally about the provision of toys? Yes No

If 'Yes', please provide details below:

Please tell us how the child/young person is affected by not having access to specialist toys:

Please tell us how you feel the requested loan of Play Therapy Pod/s will support your child's development in the following areas:

a) Physical development:

b) Personal, social and emotional development:

c) Cognitive development

d) Communication

Please tell us how you believe that your whole family may benefit from the loan of specialist toys:

Are there any reasons why this application should be considered as urgent? Please provide details:

Supporting Professional's Details

Please ensure that the professional named below is aware of the application as they may be needed to complete an additional form confirming the child/young person's eligibility for this service and/or facilitate deliveries and collections. This professional is not needed to confirm your choices of Play Therapy Pod.

Please be aware that in order to be compliant with the General Data Protection Regulations (2018) then you must have received as a minimum verbal confirmation from the professional, to be named below, that they are willing to have their details shared with Newlife.

What is the name of the professional supporting this application?
What does this professional do?
Who is their employer?
What is their telephone number?
What is their email address?
<i>We reserve the right to request an additional form is completed. If this additional form is requested we will share a copy of this application form. If the additional form is not completed, the loan of a Play Therapy Pod may not be provided.</i>
Has this professional been informed that you are applying to Newlife? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the extent to which this named professional provides direct ongoing support to the child/young person:
Has this professional carried out an assessment of the child/young person's play/sensory needs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions Of A Play Therapy Pod Loan

In making this application you are agreeing to:

- All the information given in this application process is accurate and representative of the need for this service.
- Not use the items within the Play Therapy Pod until you have read all the instructions included in the pod and to agree to always follow all instructions and recommendations provided to you by us, the manufacturer or supplier of the items included in the Pod. The information supplied covers health and safety aspects and guidance for looking after the contents during the loan period.
- To be responsible for the loan of a Pod for around 12 weeks. Within this 12 week period, if you no longer need the Pod, we need you to tell us as soon as possible so we can arrange for it to be collected from your home. This will usually be within three working days, but we will agree a suitable date for this collection with you. If you need it for longer than 12 weeks we will liaise with you regarding an extension or change of provision.
- Tell us if the Pod and its contents become unsuitable for your child to use, due to changes in need or circumstances.
- The Play Therapy Pod and its contents remains the property of Newlife and we retain the right to recall the pod and its contents. This notice would normally be, but does not need to be, given in writing.
- Take all reasonable steps to ensure that the Pod and contents are properly looked after. If the contents are lost, stolen or damaged whilst in your possession then you must let us know as soon as possible. We will arrange for the Pod and contents to be inspected and if possible replaced.
- We may provide some items which require supervision due to the presence of small parts. These toys provided are only suitable for use as long as they remain intact. If they are broken, you are agreeing to immediately inform us, ensure that these toys are not played with and put in a separate carrier bag, so that when the Pod is returned we can identify the broken toy. Failure to supervise use of toys, or to isolate broken toys, may result in a choking hazard and subsequent injury.
- Newlife the Charity for Disabled Children are the 'Controllers' of the personal data and health information we collect. We need to collect and process certain information to allow us to provide any of the named Care Services below. To see Newlife's full privacy notice, please visit www.newlifecharity.co.uk
- In the process of arranging delivery of Play Therapy Pods, it is implicit that we must share personal information with trusted third-party companies who deliver this service to your home. Our agreements restrict their ability to use this data outside of the intended purpose for which it was provided.
- The Play Therapy Pod and contents are provided to you as a charitable act. We will therefore only be responsible for any loss or damage that you suffer in connection with this Agreement, to the extent that we are able to claim for such loss or damage under our insurance.

Family Declaration

By ticking the statements below and signing this form, I _____ (name of parent/carer) agree to the terms and conditions of the loan (as stated above), confirm that the provision is necessary and essential to support the named child within this application, and also confirm that this child meets the following criteria:

- A UK resident.
- Has a significant disability which affects their daily life, a life threatening/life limiting condition or has been diagnosed as terminally ill.
- Under 19 years of age.

Signature



Date

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR CARE SERVICES FOR FREE ON:



0800 902 0095

Lines open Monday-Friday 9:30am-5pm & Wednesdays until 7pm plus 24 hour answerphone (Free from UK mobiles and landlines)

Email: nurse@newlifecharity.co.uk Nurse Chat: www.newlifecharity.co.uk/live

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