

**THE RESPITE ASSOCIATION**

**GREYSTONES, 4 LOWGATE LANE, BICKER Nr. BOSTON, LINCS, PE20 3DG**

**Tele: 01775820176 Email: help@respiteassociation.org Web: www.respiteassociation.org**

**Applications for 2019 must arrive by 1<sup>st</sup> October 2018**

**APPLICATION FOR A 'CARERS FREE HOLIDAY'**

**(Accommodation only) AT ONE OF OUR STATIC CARAVANS for 2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please note if you do have an email it is most helpful to us to have it given the rising cost of postage.**

Please give a brief explanation of the care you are personally providing - (see Note 1 below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to person you are caring for \_\_\_\_\_

Are you employed  Unemployed  Retired

Are you currently receiving Respite Care? Yes  No

If Yes, please describe what assistance you are getting

\_\_\_\_\_  
\_\_\_\_\_

Is your existing Respite Care Local Govt  Personally  other   
(give details- see note 2 below)

\_\_\_\_\_  
\_\_\_\_\_

What alternative care will be arranged for the person you normally care for whilst you are on holiday (if one is offered to you) and by whom.

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be considered for a 'FREE HOLIDAY'

\_\_\_\_\_  
\_\_\_\_\_

At which Holiday Centre do you wish to take your FREE holiday if offered?

Richmond Park, Skegness  OR Newton Hall, Staining, Nr. Blackpool

During which months are you willing to go on a week's holiday (SATURDAY TO SATURDAY ONLY) if one is offered to you? - (dates run from March 31st to 6<sup>th</sup> October on both sites).

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Please state the names, age (IF UNDER 21) and relationship to you of all those in your party. **Please ensure you have read through the Free Holiday leaflet (on our website). Respite breaks are for the CARER together with a husband/wife/partner or a friend (not more than one other adult) as long as they are NOT the person they are caring for, as the break must be from your caring routine. Alternatively you may take your own children (MAX 2) again assuming that they do not include a child you are the Carer for.** Our priority is to provide the Carer with a complete break from their caring duties. In families where the cared for is a child our aim is to provide the parent and any other able bodied siblings with some time to themselves.

YOUR NAME:..... AGE:.....  
NAME OF HUSBAND/WIFE/PARTNER/FRIEND..... AGE:.....  
NAME OF CHILD (if applicable)..... AGE:.....  
NAME OF CHILD (if applicable)..... AGE:.....

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If you are offered a Holiday date **a refundable deposit of £50 needs to be sent with your Acceptance form.** The deposit will be refunded to you as long as you actually take the holiday and providing that the caravan and its contents are left in good order. Are you happy to accept this condition? **YES/NO** (delete as applicable)

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DATE:..... Where did you hear about us.....

**If The Respite Association is able to assist, you will receive a formal offer letter requiring your written acceptance, you will need to get this letter countersigned by someone who can vouch for the suitability of your application. This can be a Doctor, District Nurse, Social Worker, Church Minister etc. If you have been referred to us via another Registered Charity, one of their Officers can countersign for you. Acceptance forms must be returned to us within 14 days from the date of your offer letter otherwise we will assume that you do not wish to accept the holiday.**

### **NOTES**

1. This need not be detailed in regard to medical conditions, we merely need to have a clear grasp of the basic problem, we have no desire to invade your privacy.
2. If an offer is made to you, once we have received your Acceptance Form and your refundable deposit a full list of holiday conditions together with details about the site will be supplied to you. It is a strict rule that only those persons notified to us on the application form can use the caravan. No alteration of name can be changed without the agreement of the Trustees.
3. Applicants are responsible for the cost of their transport to and from the Holiday Park.
4. Access to the included entertainment park facilities normally available to holidaymakers at the site is included within the holiday. Complimentary Passes (only for the named people as agreed with the Trustees) will be issued when you check in. **PLEASE ASK FOR THESE when collecting the caravan keys as they will not be issued at any other time.**
5. Applicants are responsible for their own food and other personal needs (such as toiletries) there is a shop on site and local supermarkets are within easy reach of the Holiday Parks.
6. Trustees/Staff of the Respite Assn. retain the right of access to the caravan at any reasonable time.

**IMPORTANT NOTE:- THE CARAVANS ARE NOT DISABLED ADAPTED THERE ARE THREE STEPS UP TO THE ENTRANCE AND THE BATHROOM CONTAINS A STANDARD TOILET AND SHOWER NOT A BATH.**

**IMPORTANT. Please read the following before submitting your form.**

**DATA PROTECTION AND PRIVACY DECLARATION**

The Respite Association requires the information requested on this form for the sole purpose of enabling us to decide whether we are able to award you a Carers Free Caravan Holiday. Without the information contained within this form we are unable to process any application. The information on the form will not be transferred in any way to a third party unless we are required to do so by law and will be stored securely. The Information will also be recorded on an encrypted database for our internal use. However, all the details mentioned above will be removed from our computer after two years and the paper files will be securely destroyed at the same time so that we retain no personal information about you beyond that point.

**In order to be able to process your application we are required under Data Protection rules to ensure that you understand and agree to the retention of your personal details as set out above if you are happy to give your permission for the information to be held by us as described above please sign the authority form below.**

Full copies of both our Privacy Policy and our Data Protection Policy can be seen on our Website, and paper copies can be provided upon request to our office.

**Authority to retain information**

I have read and understood the Respite Associations Data Protection Declaration regarding the retention of and use of my personal information contained within this form and hereby give them my permission to retain it in the ways and for the uses described and for the period specified (two years).

**Signature: (NOT printed).....**

**Print Name:.....**

**Date.....**