

APPLICATION FOR Carers free Holiday 2020

Greystones, 4 Lowgate Lane, Bicker Nr. Boston, Lincs, PE20 3DG

Tel: 01775 820176 Email: holidays@respiteassociation.org

Title First Name Last Name
Address
Tel Email

Please give a brief explanation of the care you are personally providing
(This need not be detailed, though a diagnosis is requested, we merely need to have a clear grasp of the basic problem)

Relationship to person you are caring for

Are you currently receiving Respite Care? Yes No
If yes, please describe what assistance you are getting including how many hours/days per week:

Is your existing Respite Care funded by:
Government Local Govt Personally other means
(please give details - brief details of existing care and who provides it is all that is needed)

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'

There are 3 options available, full details on our website, you can select 1, 2 or all 3 in preferred order
(or tick those you would like, or put a cross by those you don't want, if you have no preferred order):
Richmond Park, Skegness Newton Hall, Staining, Nr. Blackpool
Wiltshire Holiday Cottage *

***Please Note a £50 damage/cleaning deposit will be required for this option (send no money now)**

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 21st to 19th September)

March April May June July
August September

Have you received funding or a holiday from The Respite Association before? Yes No

Please state the names, age (if under 21) and relationship to you of all those in your party. 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 you are caring for, as the offer is intended to be a break from your caring routine. Alternatively you may take your own children (maximum 2 children and with a minimum age of 3 years) 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 additional adult	Age
Name of child (if applicable)	Age
Name of child (if applicable)	Age

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.

PLEASE NOTE:

None of the facilities are wheelchair accessible, the cottage is on 2 levels with stairs, transport is not included and all breaks are self catering.

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 a carers free holiday can be provided for you. Without the information contained within the 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.

By applying for a carers free holiday, and signing this form, you are giving The Respite Association permission for your information to be held and used as described above.

Full copies of both our Privacy Policy and our Data Protection Policy can be found 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 declaration regarding the retention 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.

Signed*: Print Name: Date

. *If you complete the form electronically, and email it to us, you do not need to sign the form.

Once completed please email the form to holidays@respitassociation.org
or post to:

The Respite Association, Greystones, 4 Lowgate Lane, Bicker Nr. Boston, Lincs, PE20 3DG

If a carers free holiday is approved an acceptance form will be emailed to you, to be printed, signed and returned via the post. If you do not have the facility to print this form and would prefer to receive it by post please tick this box