



CONFIDENTIAL APPLICATION FORM

- Please complete BOTH SIDES OF EACH PAGE in BLACK INK
- You should complete section 1. Your doctor must complete section 2 and then return both sections to Mrs Margaret Homer RGN, 3 Cooil Drive, Braddan, Isle of Man, IM22HG
- Please note that you MUST take the whole application form to your doctor.
- It is important that ALL questions are answered correctly. Failure to do so could lead to problems on your respite break and you may be asked to leave. The more information you give us the better, so that your care can be arranged.

PLEASE DO NOT SEND ANY MONEY WITH THIS APPLICATION FORM

SECTION 1

PERSONAL DETAILS

Venue: Blackpool (March) <input type="checkbox"/> Llandudno (August) <input type="checkbox"/> Blackpool (October) <input type="checkbox"/> Sand Bay, Weston-super-Mare (November) <input type="checkbox"/>		Chalet No. (HwH use only)
Mr/Mrs/Miss/Ms/Dr:	Surname:	Forename:
Address:		Post Code:
Tel: No(s):		
E-mail:		
Date of Birth:		
Invoice Address (if different from above):		
		Post Code:
If being accompanied, please give the name of fellow guest/carer/helper:		

Contact name:						
Contact address:						
						Post Code:
Relationship to guest:	Parent		Carer		Other (please state)	
Daytime Tel. No.						
Evening Tel. No.						
Emergency Tel. No. (24 hrs.):						

GP Name:	
GP Address:	
	Post Code:
GP Tel. No:	

ACCOMMODATION (please tick appropriate box)			
Preferred accommodation?			
Single room with bath/shower		Twin room with bath/shower	
Double bed with bath/shower		Connecting room with bath/shower	
Specially adapted chalet *			
* Limited number, allocated at the discretion of the medical team.			
If a single room is essential, please state the reason:-			
If requesting a double or twin room with partner or friend, please state their name:			

PERSONAL CARE (please tick the appropriate box(es))			
If you are selected for the respite break, will you require assistance with any of the following:			
Dressing		Transferring from chair to toilet	
Washing/personal hygiene		Lifting from bed to chair/toilet	
Bathing		Walking	
Showering		Pushing of wheelchair	
Shaving		Assistance in toilet/bathroom	
Feeding/drinking		Assistance with toilet at night	
Transferring from bed to chair		Assistance with turning at night	
Additional comments (please continue on additional sheet if insufficient space):-			

SPECIAL NEEDS (please tick appropriate box(es))			
Do you require assistance with surgical dressings?	Yes	No	
Are you incontinent of urine?	Yes	No	
Are you incontinent of faeces?	Yes	No	
Do you use a catheter?	Yes	No	
Do you have a colostomy bag?	Yes	No	
Please bring with you any spare re-catheterisation equipment, day/night bags, incontinence pads and aids, and surgical dressings, etc., if normally used.			

EQUIPMENT (please tick the appropriate box(es))			
What equipment do you require on the holiday?			
Wheelchair, I need to hire a wheelchair *		Wheelchair, I am bringing my own	
Scooter, I need to hire a scooter *		Commode	
Back rest		Bedpan	

Raised toilet seat		Urinal	
Toilet frame		Bed block	
Mattress protector		Cot sides	

* There will be a hire charge for these items. However, you can bring your own wheelchair if you would like to do so.

NB – Walking frames are not available for hire, so please bring your own, if needed.

COMMUNICATION				
(please tick appropriate boxes)				
1. Do you have any hearing difficulties?	Yes		No	
If yes, please describe:-				
2. Do you have a hearing aid?	Yes		No	
3. Do you have any speech difficulties?				
If yes, please describe:-				
If yes, how do you communicate?				
4. Do you have any sight difficulties?	Yes		No	
If yes, please describe (e.g. glasses):				
a) Do you use a cane/white stick?	Yes		No	
b) Do you have a guide/hearing/warning dog?	Yes		No	
5. Do you require assistance with money?				
a) Would you like your money issued daily from the Admin office ?	Yes		No	
b) Would you like your money issued as and when required?	Yes		No	

DIET				
(please tick appropriate box)				
Do you require a special diet?				
1. No				
2. Yes – vegetarian diet				
3. Yes – for religious reasons				
4. Yes – for medical reasons				
If yes to any of the above, please give details:-				
NB – If your special diet is required for medical reasons, a copy of the diet sheet is essential.				
Are you allowed alcohol?				
Yes				
No				
If yes, how much?				

MOBILITY

(please tick the appropriate box(es))

1. How mobile are you in the home?

- | | |
|---|--|
| a) I do not need any walking aids | |
| b) I walk, using a frame | |
| c) I use crutches | |
| d) I use a wheelchair | |
| e) I have restricted mobility, e.g. walk using furniture, walk with a stick, etc. | |

2. If you use a wheelchair, what type?

- | | | |
|-----------------------------|-----|----|
| a) Manual | | |
| b) Electric | | |
| c) Does the wheelchair fold | Yes | No |

3. If you are confined to a wheelchair, do you require assistance to transfer?

- | | |
|---|--|
| a) No assistance is required | |
| b) I require assistance to stand | |
| c) I require a hoist | |
| d) I require the assistance of two people to transfer | |

4. Mobility outside of the home?

- | | |
|--|--|
| a) I have no mobility difficulties | |
| b) I can walk short distances unaided – I can manage steps | |
| c) I can walk short distances unaided – but I cannot manage steps | |
| d) I use a wheelchair – I can transfer onto a coach seat | |
| e) I must travel in a wheelchair and cannot transfer to coach seat | |

5. What is your approximate weight (for moving purposes) in Kilograms?

MEDICATION					
Do you take any medication?				Yes	No
Medication? Dosage and Times					
Medication	Dosage	Morning	Afternoon	Evening	Night
Do you dispense and administer your own medication?				Yes	No
Do you normally rely on another person to dispense and administer your medication?				Yes	No
Additional comments:					

If you need more space, please use a separate sheet, or attach a copy of the list of medication from your prescription.

- At least ten (10) days supply of drugs/dressings must accompany the guest in order to cover any eventuality. All medication must be brought clearly labelled with your name and packed in your own luggage.
- We do not keep any confidential and/or medical records on database. All are destroyed after the respite break.
- The confidential medical form (Section 2) must be completed by your General Practitioner for all guests, as it is a legal requirement of the Charity. No guest will be accepted without this medical form being completed and signed by his or her General Practitioner.
- **Any changes to your medication or health as originally given on the application form, prior to the holiday, must be forwarded to us in writing.**
- Any person accompanying a guest, who has any allergies or illness themselves, may also wish to get a medical form completed.

ASSESSOR'S DETAILS (if appropriate)	
Name:	
Contact address:	
Post Code:	
Tel. No: (day)	Tel. No: (eve)
Individual notes:-	

GUEST SIGNATURE

I agree that the above information is correct.

I confirm that I take this respite break at my own risk and also agree to my doctor giving the necessary information.

.....
Signature of guest (or Parent/Guardian)

Date:.....

USE OF PHOTOGRAPHS

During the respite breaks, a photographer will be taking photographs of some of our guests, which will be used in Holidays with Help brochures, newsletters, web site, social media (Facebook and Twitter) and Holidays for All brochure, web site and publicity materials.

.....
Signature of guest (or Parent/Guardian)

.....
Date:

If you do not wish your photograph to be used in our publications, please tick the box below.

I confirm that I **DO NOT** wish my photograph to appear in any Holidays with Help publication at any time.

HOLIDAY INFORMATION

TRANSPORT

****YOU ARE RESPONSIBLE FOR YOUR OWN TRAVEL ARRANGEMENTS****

Accommodation

Comfortable rooms with en-suite bathrooms, TV, tea and coffee making facilities. A number of adapted apartments are available and will be allocated by the medical team.

Meals

Three meals a day are provided by the on-site restaurant, including vegetarian options and options for individuals with special dietary needs.

Staff and Advice

Trained, experienced helpers will be available for guests who request assistance. Qualified medical and nursing volunteers will be on hand for emergencies and for day to day help, including giving medication, changing dressings, etc.

Entertainment and Trips

There is a day and evening programme of music, games, competitions and cabaret and also a wide-ranging choice of day time activities.

Trips can be booked at an extra cost. They will be to local places of interest, with transport (wheelchair access coach). Helpers will be able to accompany guests on the trips, where needed. Please note: trip money not refunded if cancelled due to poor weather conditions.

This form should be returned to:-

Mrs Margaret Homer RGN, 3 Cooil Drive, Braddan, Isle of Man, IM2 2HG

SECTION 2

CONFIDENTIAL

(Please take the complete application form to your doctor and ask them to fill in this form)

Mr/Mrs/Miss/Ms/Dr:	Surname:	Forename:
Address:		
		Post Code:
Tel: No(s):		
Date of Birth:		

Principle disabilities/conditions:
1.
2.
3.

Any medical or surgical past history:
1.
2.
3.

Physical state/Disability/Illness:
.....
.....
.....

PHYSICAL AND/OR SENSORY IMPAIRMENT WILL NOT PRECLUDE A PERSON FROM TAKING PART IN THE BREAK, AS QUALIFIED MEDICAL/NURSING STAFF ARE IN ATTENDANCE
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Any known allergies or reactions:
.....
.....
.....

