



HOLIDAY APPLICATION FORM

A NETWORK OF BUSINESSES,
GROUPS AND INDIVIDUALS GIVING
FAMILIES LIVING WITH SERIOUS ILLNESS
AND BEREAVEMENT MEMORY MAKING HOLIDAYS

TORBAY HOLIDAY HELPERS NETWORK (THHN), Registered in England & Wales, Company No.07690157, Charity No.1146245, Registered Office: 7 St. Pauls Road, Newton Abbot, TQ12 2HP

Please note that most of our holidays are offered during term time.

We do not accept applications more than 10 weeks in advance of the date of an anticipated holiday.

Please read our Terms and Conditions and Data Protection Statement which are available from our website under (www.thhn.co.uk/documents) before completing this application.

Important!

All sections of this form must be completed in full to enable us to process your application; failure to complete any section will result in the form being returned un-processed. All applicants (not their referee) must sign sections 8 and 9 of this form by hand before submission; referees must sign section 11. Forms can be submitted electronically or by post. Please refer to our website under 'information for referring organisations' for the correct email or postal address.

1 FAMILY DETAILS

Please list your details and those of all persons who will be coming on a holiday if your application is successful.

Please note that holidays are intended for immediate family members only; however, single-parent families may bring another family member, carer or friend to help.

First name / Surname	Position in family	Age

2 CONTACT DETAILS

Address		Family Name	
		Telephone	
Town/City		Mobile No.	
Postcode		Email	



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NON CHARITABLE HOLIDAYS

Please put a cross (x) in the relevant box

Have you had a family holiday in the last 12 months?

Yes* No

Do you have any family holidays booked in the next 12 months?

Yes* No

Do you have your own transport?

Yes No

**If the answer to either of the above questions is yes please provide more details*

4

FAMILY CRITERIA

Please put a cross (x) in the relevant box

Our family has a seriously ill child

Yes No

Our family is bereaved within a 2-year period

Yes* No

Our family has a terminally ill parent

Yes No

*If bereaved please provide the date of passing

Date

Please provide details of your situation including a brief outline of diagnosis, and why you are applying for a holiday



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5 SPECIAL NEEDS/REQUIREMENTS

If any of your family has special needs, it is important that you provide full details including dietary needs and disabled access needs.

Please put a cross (x) in the relevant box

Do you need wheelchair access to the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need wheelchair access inside the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need hoisting facilities? (own slings required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need fully accessible bathroom facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a profiling bed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide further details:

6 ADDITIONAL FAMILY MEMBERS

Please list further immediate family members not listed in section 1 here. We cannot usually include extended family members in your free THHN holiday, but we are happy to discuss sourcing further accommodation nearby at their own expense.

Please provide further details:



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7 PREVIOUS APPLICATIONS

Please put a cross (x) in the relevant box

Have you applied for a THHN holiday before?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If yes were you offered a holiday?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If yes did you accept?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>

**If you have been offered or accepted a THHN holiday in the past please provide more details including dates*

8 FAMILY AGREEMENT

Agreement

Our Terms and Conditions and Data Protection Statement are available from our website under www.thhn.co.uk/documents. THHN intend to rely on these terms so for your own benefit and protection please read them carefully before signing the application. If you do not understand any points within our Terms and Conditions and Data Protection Statement or you have any questions concerning this application, please contact THHN by telephone on 01803 900 101 or by email enquiries@thhn.co.uk.

Please put a cross (x) in the relevant box

<input type="checkbox"/>	I have read, understood and agree to be bound by the Terms and Conditions and Data Protection Statement which has been provided to me. I understand that without this agreement THHN cannot consider this holiday application.
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Use of Disability Equipment

Any family member using the hoist, profiling bed, shower stretcher and/or disabled toilet will do so at their own risk and will ensure that they are operated according to the manufacturers' instructions; any malfunction or breakage must reported immediately using the contact details provided in the property information folder. Manufacturer's instructions will be provided at the property and by email.

Please put a cross (x) in the relevant box

<input type="checkbox"/>	I have read, understood and agree with this Use of Disability Equipment Policy. I will ensure that any member of the group using the equipment is made aware of this.
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Full Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	

Signature



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9 PUBLICITY AGREEMENT

To be read and signed by, or on behalf of, all persons going on the holiday.

After your holiday if you are kind enough to supply us with family feedback about your break - along with any photographs, we would like to use them exclusively for our website, newsletter, social media and general publicity or for other purposes we deem necessary. This enables us to generate funding and encourage more businesses to support our scheme, which enables us to take our work further and help more families in need of some quality time together.

Please put a cross (x) in the relevant box

<input type="checkbox"/>	We agree to our holiday feedback and details being used in this way
<input type="checkbox"/>	We do not agree to our holiday feedback and details being used in this way

By signing this form below, you acknowledge and confirm that you are the parent or guardian of each family member who is under the age of 18 and referred to in this form; that you have read and understood the agreement regarding publicity (set out above in Section 9), that you agree (on behalf of yourself, any such family member who is under 18 and any other persons for whom you are authorised to act) to the terms and conditions of such agreement and that such agreement is legally binding and given in return for THHN considering your application.

Full Name		Signature
Date		

10 REFERRING ORGANISATION

Only to be filled in by referring agent		Full Name	
Organisation		Job Title	
Address		Telephone	
		Mobile No.	
Postcode		Email	

11 REFERRING AGENT AGREEMENT

Please put a cross (x) in the relevant box

<input type="checkbox"/>	I can confirm that the applying family meet THHN's criteria and the information they have provided is correct.
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Full Name		Signature
Date		