

Application Form

ABOAB Ref:	
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Referral criteria:

The patient must be living with a terminal illness AND receiving care / supported by an agreed referrer to ABOAB.

Please feel free to contact us at referrals@abitofabreak.com if you have any queries.

To be signed by the referrer:

I confirm the patient meets the above criteria. I have discussed this referral with the patient and obtained their consent to it.

Signed:		Date:	
Print name:		Professional Role:	
Organisation:		Contact Number:	

Applicants' Details:

	Applicant 1 Patient	Applicant 2 Please state relationship to patient
Name:		
Address:		
Telephone:		
Mobile:		
Email:		

Applicants' Requirements:

Please note: all properties are self-catering and are usually only available outside of the peak holiday periods.

Please state clearly the number of people wishing to go on the break.	
Is financial help needed towards travel costs?	Yes / No
Is dog-friendly accommodation needed? One dog only.	Yes / No
Do any of the applicants have problems with mobility (for example, climbing stairs, accessing the bathroom, wheelchair user)?	Yes / No
Is there a need for a downstairs toilet?	Yes / No
<p>To help us match the patient with a suitable property, is there any other information we should know (for example, oxygen-dependent, ground-floor only)?</p>	

Consent:

This section must be completed

Please obtain consent from **BOTH** applicants.

A Bit of a Break (ABOAB) holds your details securely. They will be accessible only to authorised trustees and volunteers.

Please put a tick or cross in all the boxes below:

Applicant 1:

I give my consent for information about me to be kept on ABOAB's database.

I give consent for my contact details to be given to property owners/agents.

I understand that ABOAB will share information with the referrer.

I agree to give feedback to ABOAB after the break.
(this helps ABOAB to secure new properties).

Name	Signature	Date

Applicant 2:

I give my consent for information about me to be kept on ABOAB's database.

I give consent for my contact details to be given to property owners/agents.

I understand that ABOAB will share information with the referrer.

I agree to give feedback to ABOAB after the break.
(this helps ABOAB to secure new properties).

Name	Signature	Date

Please scan the completed form and send by secure email to: referrals@abitofabreak.com

or post to: Referrals, A Bit of a Break (ABOAB),
Flat 2, Pool House, Main Street, Pool in Wharfedale, Otley LS21 1LH