**APPLICATION FORM**

# 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:**

**Direct Tel: Email:**

# APPLICANTS’ DETAILS:

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1****Patient** | **Applicant 2 / Other contact****(*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 numbers of people wishing to go on the break.*If any children, please give their ages and relationship to the applicant.* | Adults:Children: |
| How many bedrooms are required? |  |
| Is dog-friendly accommodation needed? (Yes/No)*If so, please state how many?* |  |
| Do any of the applicants have problems with mobility (for example, climbing stairs, accessing the bathroom, wheelchair user)? (Yes/No)*If yes, please give further details below* |  |
| Is there a need for a downstairs toilet? (Yes/No) |  |
| Is financial help needed towards travel costs? (Yes/No) |  |
| 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)? |

# 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).*

**Signed: Date:**

**Print name:**

**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).*

**Signed: Date:**

**Print name:**

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

or post to: Referrals, A Bit of a Break (ABOAB),

c/o Flat 2, Pool House, Main Street, Pool in Wharfedale, Otley LS21 1LH