

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.

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

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