**APPLICATION FORM**

# REFERRAL CRITERIA:

The patient must be receiving palliative care AND being 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:**

**Office/Admin Telephone: Email:**

The applicant’s situation may change over time, please supply a direct telephone or mobile and email address so that we can contact you for an update (during working hours only).

**Work Mobile: Email:**

# APPLICANTS’ DETAILS:

*[\* required fields]*

|  |  |  |
| --- | --- | --- |
|  | **Applicant** **Patient** | **Other contact****(e.g. spouse, partner, relative, friend etc)*****Please state relationship to Applicant*)** |
| **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. School holidays can only be considered for children of the applicant in years 11 & 13.*

*We try our best to offer something as soon as possible but at some times of year it is difficult.*

|  |  |
| --- | --- |
| Please state clearly the numbers of people wishing to go on the break. This may include extended family and/or friends.*If any children, please state below their ages and relationship to the applicant.* | Adults:Children:Infants: |
| How many bedrooms / beds are required? e.g. king/double, twin, single | K/D:Tw:S: |
| Is dog-friendly accommodation needed? *If so, please state how many dogs.* | Yes/No |
| Accessibility:Do any of the applicants have problems with mobility (for example, climbing stairs, accessing the bathroom, wheelchair user)? *If yes, please give further details:* |
| Are any of the following essential:* Downstairs toilet?
* Downstairs bedroom?
* Downstairs bathroom?
* Walk-in shower / wet room?
* On one level (ground floor or with lift to higher floors)
* Wheelchair accessible outside
* Wheelchair accessible indoors
* Other – please specify
 |  Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No |
| Is there any specialist equipment you will be taking with you which we may need to inform property owner about for insurance purposes (e.g. oxygen supply)? |
| 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? e.g. maximum travel time/distance, countryside or coastal, quiet or livelier with on-site activities. |

# CONSENT:

### This section must be completed

Please obtain consent from **BOTH**  the applicant and the other contact.

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 / Patient :**

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:**

**Other Contact:**

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 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