

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) <i>Please state relationship to Applicant</i>
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.

<p>Please state clearly the numbers of people wishing to go on the break. This may include extended family and/or friends.</p> <p><i>If any children, please state below their ages and relationship to the applicant.</i></p>	<p>Adults:</p> <p>Children:</p> <p>Infants:</p>
<p>How many bedrooms / beds are required?</p> <p>e.g. king/double, twin, single</p>	<p>K/D:</p> <p>Tw:</p> <p>S:</p>
<p>Is dog-friendly accommodation needed?</p> <p><i>If so, please state how many dogs.</i></p>	<p>Yes/No</p>
<p>Accessibility:</p> <p>Do any of the applicants have problems with mobility (for example, climbing stairs, accessing the bathroom, wheelchair user)?</p> <p><i>If yes, please give further details:</i></p>	
<p>Are any of the following essential:</p> <ul style="list-style-type: none"> <input type="radio"/> Downstairs toilet? <input type="radio"/> Downstairs bedroom? <input type="radio"/> Downstairs bathroom? <input type="radio"/> Walk-in shower / wet room? <input type="radio"/> On one level (ground floor or with lift to higher floors) <input type="radio"/> Wheelchair accessible outside <input type="radio"/> Wheelchair accessible indoors <input type="radio"/> Other – please specify 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>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)?</p>	
<p>Is financial help needed towards travel costs?</p>	<p>Yes / No</p>

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