

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.

Please state clearly the numbers of people wishing to go on the break. This may include extended family and/or friends.	Adults: Children: Infants:
<i>If any children, please state below their ages and relationship to the applicant.</i>	
How many bedrooms / beds are required? e.g. king/double, twin, single	K/D: Tw: S:
Is dog-friendly accommodation needed? <i>If so, please state how many dogs.</i>	Yes/No
Accessibility: Do any of the applicants have problems with mobility (for example, climbing stairs, accessing the bathroom, wheelchair user)? <i>If yes, please give further details:</i>	
Are any of the following essential: <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 	Yes / No Yes / 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