



Application Form

DETAILS OF THE CHILD/FAMILY TO BE NOMINATED – IF APPLICABLE

Child's full name:

Date of birth:

Nature of illness:

Date diagnosed if applicable:

Full name of parent(s) or guardian(s):

Address:

Telephone no:

Mobile no:

Postcode:

Email:

Details of current medical treatment:

Name of hospital where child is treated:

What equipment will you bring with you? (eg. wheelchair/oxygen etc):

Has this child/family ever had a holiday with us before? If so when?

PLEASE LIST ALL PEOPLE WHO WILL STAY – UP TO 6 ONLY

PLEASE SPECIFY YOUR PREFERRED HOLIDAY DATES UP TO A MAXIMUM OF 3

(Please note we cannot guarantee availability, but will always to accommodate your choice)

DETAILS OF PERSON OR ORGANISATION NOMINATING THIS CHILD

Name:

Address:

Telephone no:

Mobile no:

Postcode:

Email:

Signature:

Date:

Can our PR team contact you for feedback after the holiday? YES NO