

APPLICATION FOR A GROUP ACTIVITY HOLIDAY (and Guide Notes)

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Group Leader/Deputy

Please complete this questionnaire as fully as possible using both sides of the paper. Please do not leave any boxes blank, if the question does not apply to your group please write N/A in that box.

All Children must be under the age of 18. Only essential Key Carers will be funded. Any additional adults would need to be self funded. In addition to this we ask you to nominate a group leader plus a deputy group leader.

Name of Group

(For example school, special needs group etc.)

Address

Postcode

Daytime Telephone Number Fax Number

Email Address

Name & Telephone No. of Group Leader

Name & Telephone No. of Deputy Leader

(It is the responsibility of the group leader and in turn the deputy to ensure that written parental permission is given for the child to attend the group activity holiday).

Destination Request

Please state destination costings

(Please attach any leaflets etc you have available on the chosen destinations)

Date of Request

Please pick 3 dates in order of preference, at least three months from submitting this application. (These will be provisional dates only)

1 2 3

PLEASE NOTE: YOUR APPLICATION IS PLACED ONTO A WAITING LIST AND WE MAY NEED YOU TO RE-SELECT DATES, IN THIS EVENTUALITY WE WILL WRITE TO YOU.



What We Will Normally Fund

The cost of the children's holidays plus essential carers (not salaries) or a contribution towards the total cost depending on funds available.

Fastrack Applications

If you are applying for a day trip/group outing for children suffering from a life-limiting condition, then the application may be expedited. If you are applying under this category, please tick here

It is the responsibility of the parents/guardian to ensure that all parties are assembled at the collection point at the time and date designated by the group leader and in turn the deputy.

In addition it is the responsibility of the child's parent/guardian to ensure that the child's medication (if needed) is handed to the care team with full written instructions.

Wheelchair Users

Are any of the children confined to a wheelchair YES NO (please circle correct one)

If YES, how many are confined to a wheelchair

Of those confined to a wheelchair, how many have to stay IN the wheelchair in transport

Transport

Do you have any coach companies in your area that you use who you would like to recommend. If so, please give name and telephone number below.

Funding Required Please tick what you would like us to fund. Holiday Transport

Please attach costings/invoices relating to the holiday applied for.

Number of Children you are applying for Number of accompanying 'Key Carers' Number of non-essential adults (self-funding)

Number of Children who will benefit by age: 3-5 6-10 11-16 17

Number of Children who will benefit by ethnicity:

People of Indian Origin People of African Origin White

People of Bangladeshi Origin People of Chinese Origin Other (please tell us which)

People of African Caribbean Origin Irish Travellers

People of Pakistani Origin Irish People living outside Northern Ireland



