

Dear Applicant

Further to your request, please find enclosed included in this download document an application form for a holiday. We do have a very strict remit and that is to help families with children aged 3-17 who are disabled, have a special need or have been abused.

Once the application form is complete could you please ensure that the following documentation is enclosed:

- A **photograph** of your child for file purposes only as it makes my job a little less impersonal as I am able to put a face to a name.
- A copy of any benefits received, **Income Support, Child Benefit, Tax Credits** and a copy of **DLA** award.
- A copy of **Wage Slips**.
- **A letter from the child's Health or Social Worker, GP or Hospital Consultant/ Paediatrician addressed to Happy Days** confirming their diagnosis or situation and recommending that you go on holiday as a family and for Happy Days to provide the funding.
- Please complete the incomings and expenditure section in full and total both columns.
- Please complete all sections of the application form and sign the **declaration**.
- **Holiday destination list**.

Please return ALL of the documents requested as this could result in your application being returned and delay the application process. Please ensure that the correct postage is paid when returning your application.

If you have any queries please do not hesitate to contact me on 01582 755804.

With Kind Regards

Mandy Bilbrough - **Families Officer**



APPLICATION FOR A HOLIDAY

Office use only Date received

Childs Parent or Guardian

Please read this form carefully and answer all questions as fully as possible. Do not leave any boxes unanswered, if a question is not applicable please write N/A in that box. If the question has a deletable answer please ensure this is done. If you have more than one special needs child who you are applying for, then please complete and submit a separate form for each child.

Childs full name Date of birth
 Age Nationality Sex Male Female Religion

Parent's or Guardian's full name
 Address
 Postcode
 Telephone No. Home Work
 Fax No. E-mail Address

Childs diagnosis
 At what age was the child diagnosed
 Can you give us any further information on your child's condition.
 For example: Dietary Restrictions, Continentancy, Communication Problems, Level of Dependency etc.
 ✱ Please attach a letter from the child's GP or Consultant confirming your child's diagnosis.

 Apart from the condition above, are there any other medical conditions, disabilities, behaviour problems or circumstances that should be recorded, i.e. asthma, diabetes, heart condition, eczema, epilepsy etc.

Is your child able to walk independently YES NO Confined to a wheelchair YES NO
 What type of wheelchair MANUAL ELECTRIC Please give dimensions



Has your child required admission to hospital? *If yes, please state approximate dates and reasons for admission.*

Does your child require any special treatment during the course of the holiday? *(If yes, please give clear details).*

Is your child allergic to any food or drugs? *(If yes, please give details)*

Is your child prone to fits of any nature? *(If yes, please indicate frequency and treatment & date of last fit)*

Will your child need any medication during the holiday? *(If yes, please give details)*

What are your child's hobbies/interests/likes

What are your child's dislikes/fears

Does your child have any difficulties with travelling? *(If yes, please give details)*

Please give full details of all holidays your child has had in the last two years (dates/destinations)

Are you or do you intend to be registered with any other Charity/Authority or Organisation to apply for a holiday? (Please note, we do share information with other organisations)

 YES NO

Please give full details of who you have applied to and for what holiday

Other Parties Attending The Holiday

A suitable adult needs to accompany your child. This may be a parent, guardian or a trusted adult i.e. nurse/main carer.

Name of accompanying adult

Age

Date of birth

Relationship to applicant

***** Please attach a note from the child's GP, Consultant, Social/Health Worker confirming that the accompanying adult chosen is suitable for the applicant.

Immediate Family

If you are in receipt of income support you may (if the other siblings have been affected i.e. stress etc) apply for your spouse/partner and other siblings that are 17 or under to attend the holiday. If you are not in receipt of income support, you may apply for your spouse/partner and other siblings that are 17 or under to attend at your own expense.

***** If you are applying for other members of the family, please attach a letter from your family GP/Health Worker etc. stating how they have been affected.

***** If you are in receipt of income support, please attach proof of this to this application form.



What We Will Normally Fund

The holiday provided is intended to benefit your child with Special Needs. We will normally, subject to available funds and when your child reaches the top of the waiting list, provide a holiday for 3 to 7 nights duration. The holiday is usually UK based. However this is intended as a guide only and under special circumstances, i.e. life limiting conditions and severe trauma the choice of destinations may be extended.

Age Range

Applications are considered for children between 3-17yrs. Very rarely and only in exceptional circumstances do we accept children outside this age range.

Income

We would normally only welcome applications from families with an income of £25,000 per annum or less. This does not include DLA or carers allowance or similar.

Fastrack Applications

If you are applying for a holiday for your child and your child is suffering from a life-limiting condition, then the application will be expedited. If you are applying under this category, please tick here

***** Please attach a letter from the child's GP or Consultant confirming your child has a life limiting condition.

Details of Immediate Family Wishing to be Considered

Full name	Age	D.O.B.	Relationship to Applicant	Benefits Working/School	Self-Funding (SF)
					Funded by Happy Days (F) <small>Please enter relevant code</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Savings/Capital

What is the total savings of the family (include capital, investments, building society, bank, redundancy). £

How did you hear of the charity?

Destinations

Please see attached list for your choice of Holiday destinations. Please mark your choices 1, 2, 3, in order of preference. When funding becomes available we will contact you with your choice of dates.

Photograph May we please have a photograph of your child to place onto this file.

***** Please enclose the photograph with this application



Publicity

In order to assist us with raising funds may we, in our publicity, use your child's:

Christian name

YES

NO

Illness/Situation/Disability

YES

NO

Town of residence

YES

NO

When we have booked & paid for your child's holiday may we inform the local paper

YES

NO

Photograph

YES

NO

Checklist

Tick

1. Have you answered all the questions fully.
2. Have you enclosed a letter from your GP/Social Worker etc. confirming your child's diagnosis/situation.
3. Have you enclosed a letter of support if you wish us to fund other members of your family.
4. A copy of any benefits received e.g. Income Support, Child Benefit, Tax Credit etc. and a copy of DLA Award. If you or your partner are working, a copy of a recent payslip.
5. May we have a recent photograph of your child for our files, if so please enclose.

Declaration

I/We confirm that I am/we are the parents/legal guardians of the Child, and that I/we have, (and am the only person/are the only people who have) the legal right to request the holiday, sign this agreement and generally give consent, on behalf of the Child.

I/we understand that if I/we misrepresent, or fail to inform you, of any material fact or matter in relation to my/our application this will be in breach of this agreement and support for the fulfilment of the holiday may be withdrawn.

I/we have taken medical advice where appropriate, as to the suitability of the holiday and the capacity (whether physical, mental or otherwise) of the Child to take part in it, all activities involved in it and all matters associated with it (such as, for example any travelling and accommodation which may be involved).

I/we accept that I/we will remain fully responsible for the Child at all times. It will remain at all times my/our responsibility to assess the suitability of any accommodation, activity or otherwise proposed in respect of the Child.

I/we confirm that I/we have read and fully understood the conditions and I/we certify that the information I/we have given in this form is to the best of my/our knowledge correct.

Name

Signed

**helping children
experience what life
has to offer...**



HOLIDAY DESTINATION LIST

Please mark in order of preference: 1 to 3

HAVEN HOLIDAY PARKS

North

Primrose Valley	Filey - North Yorkshire	<input type="checkbox"/>
Cala Gran	Fleetwood - Blackpool	<input type="checkbox"/>
Marion Mere	Blackpool	<input type="checkbox"/>
Haggerston Castle	Northumberland	<input type="checkbox"/>

South West

Burnham on Sea	Somerset	<input type="checkbox"/>
Riviere Sands	Hayle - Cornwall	<input type="checkbox"/>
Seaview	Dorset	<input type="checkbox"/>
Devon Cliffs	Devon	<input type="checkbox"/>

South East

Combe Haven	Hastings - Sussex	<input type="checkbox"/>
Seashore	Great Yarmouth	<input type="checkbox"/>

Wales

Hafan Y Mor	North Wales	<input type="checkbox"/>
Kiln Park	South Wales	<input type="checkbox"/>

Scotland

Craig Tara	Ayr - Ayrshire	<input type="checkbox"/>
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BUTLINS HOLIDAY PARKS

Bognor Regis	West Sussex	<input type="checkbox"/>
Minehead	Somerset	<input type="checkbox"/>
Skegness	Lincolnshire	<input type="checkbox"/>

HOLIDAY PARKS

Flamingo Land	Malton - North Yorkshire	<input type="checkbox"/>
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CENTER PARCS Friday - Monday or Monday - Friday Breaks Only

Whinfell Forest	Cumbria	<input type="checkbox"/>
Sherwood Forest	Nottinghamshire	<input type="checkbox"/>
Elveden Forest	Suffolk	<input type="checkbox"/>
Longleat Forest	Wiltshire	<input type="checkbox"/>

ALTON TOWERS

2 Night Breaks Only	<input type="checkbox"/>
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DISNEYLAND PARIS

2/3 Night Breaks Only	<input type="checkbox"/>
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COTTAGE HOLIDAYS

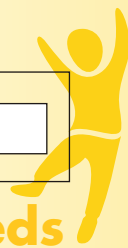
Hoseasons	<input type="checkbox"/>
Cottages4u	<input type="checkbox"/>
Country Cottages	<input type="checkbox"/>

SPECIALISED HOLIDAYS

Calvert Trust	<input type="checkbox"/>
Camp Horizen (Kosher)	<input type="checkbox"/>
Aberystwyth Holiday Camp (Kosher)	<input type="checkbox"/>

OVERSEAS HOLIDAYS

Country/Destination	<input type="checkbox"/>
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Income/Expenditure Sheet

(To be completed by all applications for holidays)

Child's Name	<input type="text"/>
Parent's Name	<input type="text"/>

USE WEEKLY OR MONTHLY FIGURES ALL THE WAY THROUGH - (DO NOT MIX) **Income (Weekly or Monthly)**

Step 1	Wages or Salary	<input type="text"/>
	Wages or Salary (partner)	<input type="text"/>
	Jobseeker's Allowance	<input type="text"/>
	Income Support	<input type="text"/>
	Pension Credit	<input type="text"/>
	Disability Living Allowance	<input type="text"/>
	Tax Credit (family/working)	<input type="text"/>
	Retirement or Works Pension	<input type="text"/>
	Child Benefit	<input type="text"/>
	Incapacity Benefit	<input type="text"/>
	Maintenance/CSA	<input type="text"/>
	Non-dependent's Contribution	<input type="text"/>
	Foster Parent's Income	<input type="text"/>
	Rent/Board (other family members)	<input type="text"/>
	Carers Allowance	<input type="text"/>
	Child Tax Credit	<input type="text"/>
Other	<input type="text"/>	
Total Income	BOX A <input type="text"/>	

	Creditor	Balance Owed	Monthly Payment
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Owed		<input type="text"/>	
Total Monthly Repayments*	BOX D	<input type="text"/>	

USE WEEKLY OR MONTHLY FIGURES ALL THE WAY THROUGH - (DO NOT MIX) **Outgoings (Weekly or Monthly)**

Step 3	Mortgage	<input type="text"/>
	Mortgage Endowment Policy	<input type="text"/>
	Second Mortgage	<input type="text"/>
	Rent	<input type="text"/>
	Council Tax	<input type="text"/>
	Water Rates	<input type="text"/>
	Ground Rent or Service Charge	<input type="text"/>
	Building & Contents Insurance	<input type="text"/>
	Life Insurance & Pension	<input type="text"/>
	Gas	<input type="text"/>
	Electricity	<input type="text"/>
	Other Fuel	<input type="text"/>
	Food	<input type="text"/>
	TV Rental & Licence	<input type="text"/>
	Maintenance Payments	<input type="text"/>
	Hire Purchase Vehicle	<input type="text"/>
	Travelling Expenses	<input type="text"/>
	School Meals	<input type="text"/>
	Clothing	<input type="text"/>
	Phone & Mobile Phone	<input type="text"/>
Prescriptions & Health Costs	<input type="text"/>	
Childminding	<input type="text"/>	
Fines/CCJ's *	<input type="text"/>	
Credit Debts (BOX D)	<input type="text"/>	
Other 1	<input type="text"/>	
2	<input type="text"/>	
3	<input type="text"/>	
Total Outgoings	BOX B <input type="text"/>	

Step 4	Total Income	BOX A <input type="text"/>
	Total Outgoings	BOX B <input type="text"/>
	Take B away from A = BOX C	<input type="text"/>