

# Application Form

ABOAB REF:	
------------	--

## Referral criteria:

The patient must have been diagnosed with a terminal illness AND is receiving care / supported by an Airedale General Hospital CNS in Cancer, Cardiology, Neurology, Respiratory, HODU or Manorlands Hospice or The Carers' Resource.

To be signed by the referrer. I confirm the patient meets the above criteria:

Signed:		Date:	
Print name:		Professional Role:	
Organisation:		Contact Number:	

## Applicant Details:

	Applicant 1 - Patient	Applicant 2 - State relationship to patient
Name:		
Address:		
Telephone:		
Mobile:		
Email:		
Date of Birth		

## Applicant Requirements:

Please note: all properties are self catering and are usually only available outside of the peak holiday periods.

Please state clearly the number of people wishing to go on the break	
Is financial help needed towards travel costs?	Yes No
Is dog-friendly accommodation needed? <b>One dog only.</b>	Yes No
Do any of the applicants have problems with mobility?	Yes No
Is there a need for a downstairs toilet?	Yes No
Is there any other relevant information we should know?	

## Consent:

This section must be completed

Please obtain consent from **BOTH** applicants.

A Bit of a Break (ABOAB) holds your details securely. They will be accessible only to authorised trustees and volunteers or to a third party with your agreement.

Please put a tick or cross in all the boxes below:

### Applicant 1:

I give consent for my information being kept on ABOAB's database.

I give consent for my contact details to be given to property owners/agents.

ABOAB would like to send you a hamper prior to your departure. In order for this to be delivered to you your name and address needs to be given to the supplier.

I understand that ABOAB will share information with the referrer

Name:	Signature:	Date:
-------	------------	-------

Please put a tick or cross in all the boxes below:

## Applicant 2:

I give consent for my information being kept on ABOAB's database.

I give consent for my contact details to be given to property owners/agents.

ABOAB would like to send you a hamper prior to your departure. In order for this to be delivered to you your name and address needs to be given to the supplier.

I understand that ABOAB will share information with the referrer

Name:	Signature:	Date:
-------	------------	-------

Please post the completed application form to:

Kim Reddyhoff - Coordinator A Bit of a Break (ABOAB)  
c/o Ronaldsway House  
36 Brook Street,  
Skipton  
BD23 1PD

Or email to [kim@abitofabreak.com](mailto:kim@abitofabreak.com) - please note this is not an encrypted address