Confidential Application Form

- Please complete BOTH SIDES OF EACH PAGE in BLACK INK.
- You should complete section 1. Your doctor must complete section 2 and then return both sections to Ms Rosie McIntyre, by post 23 Gardiner Street, Headington, Oxford, OX3 7AW or email mcintyre506@btinternet.com
- Please note that you MUST take the whole application form to your doctor.
- It is important that ALL questions are answered correctly. Failure to do so could lead to problems on your respite break and you may be asked to leave. The more information you give us the better so that your care can be arranged.

PLEASE DO NOT SEND ANY MONEY WITH THIS APPLICATION FORM

SECTION 1

Title (Mr/Mrs/Miss/Ms/Dr):	Surname:	Forename:
Address:		
Post Code:		
Tel: No(s):		
E-mail:		
Date of Birth:		
E-mail address to send invoice (if different from above):		
Post Code:		
If being accompanied, please give the name of fellow guest/carer/helper:		

Next of Kin Name:	
Address:	
Post Code:	
Relationship to guest: Parent ☐ Carer ☐ Other ☐ Please specify:	
Daytime Tel. No.	
Evening Tel. No.	
Emergency Tel. No. (24 hrs.):	
GP Name:	
GP Address:	
Post Code:	
GP Tel. No:	

ACCOMMODATION

Preferred accommodation?

Single room with bath/shower	☐	Twin room with bath/shower	☐
Double room with bath/shower	☐	Connecting room with bath/shower	☐
Specially adapted room*	☐		

*Limited number, allocated at the discretion of the medical team.

If a single room is essential, please state the reason:

If requesting a double or twin room with partner or friend, please state their name:

PERSONAL CARE

If you are selected for the respite break, will you require assistance with any of the following:

Dressing	☐	Transferring from Chair to toilet	☐
Washing/personal hygiene	☐	Lifting from bed to chair/toilet	☐
Bathing	☐	Walking	☐
Showering	☐	Pushing wheelchair	☐
Shaving	☐	Assistance in toilet/bathroom	☐
Feeding/drinking	☐	Assistance with toilet at night	☐
Transferring from bed to chair	☐	Assistance turning at night	☐

Additional comments (please continue on an additional sheet if insufficient space):

SPECIAL NEEDS

Do you require assistance with surgical dressings?	Yes ☐	No ☐
Are you incontinent of urine?	Yes ☐	No ☐
Are you incontinent of faeces?	Yes ☐	No ☐
Do you use a catheter?	Yes ☐	No ☐
Do you have a colostomy bag?	Yes ☐	No ☐

Please bring with you any spare re-catheterisation equipment, day/night bags, incontinence pads and aids, and surgical dressings, etc., if normally used.

EQUIPMENT

What equipment do you require on the holiday?

Wheelchair, I need to hire a wheelchair *	☐	Wheelchair, I am bringing my own	☐
Scooter, I need to hire a scooter *	☐	Commode	☐
Back rest	☐	Bedpan	☐
Raised toilet seat	☐	Urinal	☐
Toilet Frame	☐	Bed block	☐
Mattress protector	☐	Cot sides	☐

*** There will be a hire charge for these items. However, you can bring your own wheelchair if you would like to do so.**

NB – Walking frames are not available for hire, so please bring your own, if needed.

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COMMUNICATION

Do you have any hearing difficulties? Yes ☐ No ☐
If yes, please describe:

Do you have a hearing aid? Yes ☐ No ☐

Do you have any speech difficulties? Yes ☐ No ☐
If yes, please describe:

If yes, how do you communicate?

Do you have a hearing dog? Yes ☐ No ☐

Do you have any sight difficulties? Yes ☐ No ☐
If yes, please describe (e.g. glasses): Click or tap here to enter text.

Do you use a cane/white stick? Yes ☐ No ☐

Do you have a guide dog? Yes ☐ No ☐

Do you require assistance with money? Yes ☐ No ☐
If yes, please describe assistance required: Click or tap here to enter text.

Would you like your money issued daily from the admin office? Yes ☐ No ☐

Would you like your money issued as and when required? Yes ☐ No ☐

DIET

Do you require a special diet?

Do you require a special diet? Yes ☐ No ☐

Please specify: Vegetarian ☐ Vegan ☐ Medical ☐ Religious ☐
If yes to any of the above, please give details:

NB – If your special diet is required for medical reasons, a copy of the diet sheet is essential.

Are you allowed alcohol? Yes ☐ No ☐
If yes, how much?

MOBILITY

How mobile are you in the home?

I do not need any walking aids ☐
I walk, using a frame ☐
I use crutches ☐
I use a wheelchair ☐
I have restricted mobility, e.g. walk using furniture, walk with a stick, etc. ☐
Other ☐ please specify:

If you use a wheelchair, what type?

Manual ☐
Electric ☐

Does the wheelchair fold? Yes ☐ No ☐

If you a permanent wheelchair user, do you require assistance to transfer?

No assistance required ☐
I require assistance to stand ☐

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I require a hoist	☐
I require the assistance of two people to transfer	☐
Mobility outside the home?	
I have no mobility difficulties	☐
I can walk short distances unaided – I can manage steps	☐
I can walk short distances unaided – I cannot manage steps	☐
I use a wheelchair – I can transfer onto a coach seat	☐
I must travel in a wheelchair and cannot transfer to a coach seat	☐
What is your approximate weight (for moving purposes) in kilograms?	

MEDICATION

Do you take any medication? Yes ☐ No ☐

Please state the dosage and times below

Medication	Dosage	Morning	Afternoon	Evening	Night

Do you dispense and administer your own medication?	Yes ☐	No ☐
Do you normally rely on another person to dispense and administer your medication?	Yes ☐	No ☐

Additional comments:

If you need more space, please use a separate sheet, or attach a copy of the list of medication from your prescription.

- At least ten (10) days supply of drugs/dressings must accompany the guest in order to cover any eventuality. All medication must be brought clearly labelled with your name and packed in your own luggage.
- We do not keep any confidential and/or medical records on database. All are destroyed after the respite break.
- The confidential medical form (Section 2) must be completed by your General Practitioner for all guests, as it is a legal requirement of the Charity. No guest will be accepted without this medical form being completed and signed by his or her General Practitioner.
- **Any changes to your medication or health as originally given on the application form, prior to the holiday, must be forwarded to us in writing**.
- Any person accompanying a guest, who has any allergies or illness themselves, may also wish to get a medical form completed.

For office use only

ASSESSORS DETAILS (if appropriate)
Name:
Contact address:
Post Code:
Tel. No:
Notes:

GUEST SIGNATURE
Please tick to confirm the following declarations.
☐ I confirm that I take this respite break at my own risk and agree to my doctor giving the necessary information.
Personal data collected will be used for the purpose of holiday administration and may be disclosed to appropriate Holidays with Help personnel. For more details, please refer to our privacy policy. ☐ I have read, understood, and accept the Holidays with Help Privacy Policy.
☐ I am happy to be contacted by Holidays with Help with information about future holidays, news, information, and relevant offers which might be of interest to me.
Signature of guest (or Parent/Guardian): Date:

USE OF PHOTOGRAPHS
During the respite breaks, a photographer will be taking photographs of some of our guests, which will be used in Holidays with Help brochures, newsletters, website, social media. I **do** ☐/ **do not** ☐ wish my photograph to appear in Holidays with Help publications as listed above. Signature of guest (or Parent/Guardian): Date:

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HOLIDAY INFORMATION

TRANSPORT

You are responsible for your own travel arrangements.

Accommodation

Comfortable rooms with ensuite bathrooms, TV, tea, and coffee making facilities. Several adapted apartments are available and will be allocated by the medical team.

Coronavirus

Infection control measures will be taken as per local & national guidelines & protocols during the holiday. We reserve the right to review the situation 2 weeks before a holiday and cancel at short notice if necessary.

Meals

Most breaks offer two meals a day, provided by the on-site restaurant, including vegetarian options and options for individuals with special dietary needs. Guests must bring enough money to buy their own lunch.

Staff and Advice

Trained, experienced helpers will be available for guests who request assistance.
Qualified medical and nursing volunteers will be on hand for emergencies and for day-to-day help, including giving medication, changing dressings, etc.

Entertainment and Trips

There is a day and evening programme of music, games, competitions, and cabaret and a wide-ranging choice of daytime activities.

Trips can be booked at an extra cost. They will be to local places of interest, with transport (wheelchair access coach). Helpers will be able to accompany guests on the trips, where needed. Please note, trip money not refunded if cancelled due to poor weather conditions.

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SECTION 2

CONFIDENTIAL

Please take both sections to your doctor and ask them to complete section 2.

Title (Mr/Mrs/Miss/Ms/Dr:	Surname:	Forename:
Address:		
Post Code:		
Tel: No(s):		
Date of Birth:		

Principle disabilities/conditions:
1.
2.
3.

Any medical or surgical past history:
1.
2.
3.

Physical state / Disability / Illness:

Physical and/or sensory impairment will not preclude a person from taking part in the break, as qualified medical/nursing staff are in attendance.

Any known allergies or reactions:

MEDICATION

Please provide a list of all medications that your patient will require on the break.

Medication	Dosage	Morning	Afternoon	Evening	Night

Additional comments:

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In my opinion, the person named above is suitable to attend a respite break	☐
Doctors signature:	
Date:	
GP Address:	
Post Code:	
GP Tel. No:	

Updated January 2026

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