



<b>HOLIDAYS</b>			
Which holiday do you wish to apply for?			
<b>HOLIDAY</b>			<b>Please Tick</b>
Adults (18 and over)			
Teenagers			
<b>GUEST DETAILS</b>			
Name:		Email:	
Home Tel No:		Mobile:	
Address:			
Town:		County:	Postcode:
Where do you live?	Own home:	Assisted Living:	Residential Home:
How many family members regularly care for you?		Number:	
<b>NEXT OF KIN / EMERGENCY CONTACT &amp; GP NAME AND ADDRESS</b>			
Name:		Relationship:	
Address:			
Home Tel No:		Mobile:	Email:
If next of kin are going abroad during the holiday please add a contact in the UK.			
Name:		Phone number:	Relationship:
GP Name:			
Surgery Name and Address:			
			Tel:
Do you give consent for 3H contacting your GP if needed			YES / NO
<b>GUEST INFORMATION</b>			
Date of Birth:		Age:	
Height:		Weight:	
Do you require a specific diet? If <b>YES</b> please give details			YES / NO
What is your disabling condition?			
Are you able to bear your own weight?			YES / NO
Do you use a wheelchair?			YES / NO
Is your wheelchair?			Electric / Manual

Would you be bringing your wheelchair on holiday?	YES / NO
Would you need to stay in your wheelchair on a coach?	YES / NO
Would you require assistance with transfers out of your wheelchair?	YES / NO
Do you use a hoist? <b>(Please provide your own slings)</b> Do you use a shower chair? Standard shower chairs are provided by venues, but would you prefer to provide your own Do you require any other mobility aids? if <b>YES</b> please list below	YES / NO YES / NO YES / NO YES / NO
<b>MEDICAL CONDITIONS, please indicate if you have any of the following;</b>	
Diabetes	YES / NO
Mobility problems	YES / NO
Asthma	YES / NO
Incontinence	YES / NO
Heart problems	YES / NO
Respiratory Problems	YES / NO
Nervous/Mental Health Problems	YES / NO
Learning Difficulties	YES / NO
Epilepsy If yes when was the date of your last seizure? How often are your seizures?	YES / NO Date:
Allergies If Yes, please give details	YES / NO
Anything else that may be relevant?, if so please provide details	YES / NO
<b>I NEED ASSISTANCE IN THE FOLLOWING AREAS:</b>	
The services of a nurse	YES / NO
Medication	YES / NO
Eating	YES / NO
Washing	YES / NO
Dressing	YES / NO
Using the toilet	YES / NO
Transfers	YES / NO

Attention during the night	YES / NO
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Do you have a current care plan? <i>If Yes, please return it with this application form</i>	YES / NO
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**Please give as much information as possible about any of the above, and anything else you feel to be relevant.**

## MEDICATION

Please list all medication and dosage (or attach a list separately).  
(Please note that if your application is accepted we will require a copy of your latest prescription for all your medication.)

## ADDITIONAL INFORMATION

How did you find out about 3H Fund Holidays?

Why do you want to go on a 3H Fund Holiday?

If a coach is provided by 3H Fund would you:

- Be travelling on the 3H coach from Tunbridge Wells?
- Be travelling directly to the venue?

Yes / No  
Yes / No

How would you prefer future correspondence from 3H?    by post     by email

## DATA PROTECTION

**Under the data protection regulations 1998 and new regulations of May 2018 we need your consent in respect of the following. We would be grateful if you would tick your agreement in the boxes provided:**

- All your personal data shall be kept confidentially by 3H for a time deemed necessary.
- 3H will forward your personal data to the necessary parties who will have been made aware of their obligations and particularly in respect of confidentiality and safe keeping.
- 3H Fund may wish to publish photographs with your first name and/or short video clips which include you, in their various publications, 3H website, Facebook, Twitter and for other promotional and reporting purposes.

Under the new regulations you have the right to request personal data held about you by us and following your request this information will be returned to you within a month.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If signing on behalf of a guest please state your status

Status: \_\_\_\_\_

Please return this form by email to [groupholidays@3hfund.org.uk](mailto:groupholidays@3hfund.org.uk)  
or post to 3H Fund (Helping Hands for Holidays), B2 Speldhurst Business Park, Langton Road, Speldhurst,  
Tunbridge Wells, Kent, TN3 0AQ. Tel: 01892 860207

***We reserve the right to refuse any application***

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Reg Charity No: 286306