



Guest Application Form – 18+ Holiday to North Wales

GUEST DETAILS

Name:

Email:

Home Tel No:

Mobile:

Address:

Where do you live?

Own Home:

Assisted Living:

Residential Home:

How many family members regularly care for you?

NEXT OF KIN / EMERGENCY CONTACT

Name:

Relationship:

Address:

Home Tel No:

Mobile:

If next of kin are going abroad during the holiday please add a contact in the UK.

Name:

Tel No:

Relationship:

GP NAME AND ADDRESS

GP Name:

Surgery Name and Address:

Tel No:

Do you give consent for 3H contacting your GP if needed?

YES

NO

GUEST INFORMATION

Date of Birth:

Age:

Height:

Weight:

Do you require a specific diet?

YES

NO

If **YES** please give details

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? (Please provide your own slings) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you use a shower chair? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you require any other mobility aids? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If YES please list: | | |
| MEDICAL CONDITIONS, please indicate if you have any of the following; | | |
| Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mobility problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Asthma | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Incontinence | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heart problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Respiratory Problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Nervous/Mental Health Problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Learning Difficulties | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Epilepsy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If YES when was the date of your last seizure? | Date: | |
| How often are your seizures? | | |

| | |
|--|--|
| Allergies If YES , please give details | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Phobias If YES , please give details | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I NEED ASSISTANCE IN THE FOLLOWING AREAS:

| | |
|--|--|
| The services of a nurse | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Medication | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Eating | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Washing | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Dressing | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Using the toilet | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Transfers | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Attention during the night | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have a current care plan? If YES , please return it with this application form. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

What is your preferred method of communication? (e.g. Verbal, BSL, Gesture)

What are your interests/hobbies?

How did you find out about 3H Fund?

DATA PROTECTION

Under the data protection regulations 1998 and new regulations of May 2018 we need your consent in respect of the following.

Please confirm 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.
- 3H Fund may wish to keep you up to date with our news and offers. If you wish to be added to our mailing list, please tick here.

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
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

Reg Charity No: 286306