



Holiday Application Form

Please complete the form in PRINT and return it to us to book your FREE holiday with the Youth Cancer Trust. Once we receive your completed form we will be in touch to confirm your booking.

Holiday Applicant's Details:

| | |
|---|----------|
| Full Name of Holiday Applicant | |
| Group Name e.g. if you are part of an official group from a hospital or charity | |
| Date of Birth | |
| Address | |
| Telephone Number | |
| Mobile Number | |
| Email Address | |
| Have you been on an YCT holiday before? If so when? | Yes / No |

We often have issues making contact via phone or email so often make contact via our Facebook page by private message. If you are happy for us to contact you in this way, please add your Facebook profile or Facebook email address here:

.....

Parent / Guardian Details:

| | |
|---------------------------------|--|
| Full Name of Parent or Guardian | |
| Address | |
| Home Telephone Number | |
| Mobile Number | |
| Work Telephone | |
| Email Address | |

Emergency Contact:

This **MUST** be different to the Parent or Guardians' Details above

| | |
|---------------------------|--|
| Full Name | |
| Relationship to Applicant | |
| Address | |

| | |
|------------------------------|--|
| | |
| Home Telephone Number | |
| Mobile Number | |
| Work Telephone | |
| Email Address | |

MEDICAL INFORMATION

NOTE: To meet the criteria required for a YCT holiday, it is important that the applicant's GP has agreed that they are fit to go.

Details of Applicant's GP:

| | |
|--|--|
| Name of GP | |
| Medical Practice | |
| Practice Address | |
| Practice Telephone No | |
| Emergency (out of hours) Telephone No | |

Name of Doctor / Consultant Treating Applicant:

| | |
|---|--|
| Full Name of Doctor / Consultant | |
| Name of Treatment Centre | |
| Address of Treatment Centre | |
| 24 hour contact for medical advice (Name and Telephone No) | |

Details of Applicant's Social Worker:

| | |
|--|--|
| Name of Applicant's Social Worker | |
| Address | |
| Telephone No | |
| Email Address | |

Diagnosis:

| | |
|---|-----------------|
| Diagnosis | |
| Date of Diagnosis | |
| Has the Applicants Treatment Finished? | YES / NO |
| If YES, when did it finish? | |

Current / On-going Medical Status:

To meet the criteria for a YCT holiday, the applicant will need to be able to self medicate.

PLEASE WRITE CLEARLY

| Medication | Dose | How it is Taken (e.g. orally) | When is it Taken? |
|------------|------|-------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Allergies:

Does the Applicant have any known allergies?

| Allergy to: | What happens? | Treatment? |
|-------------|---------------|------------|
| | | |
| | | |
| | | |

Current Medical Issues:

Does the applicant have any other health issues, which the YCT staff need to be aware of? i.e. Fits, fainting, sickness, etc? If you suffer from any of these health issues, please state when you last experienced them.

| Current Issues / Problems: | Comments / Suggestions: | When last experienced: |
|----------------------------|-------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Current On-going Care Needs:

Does the applicant have a Central line? If yes, please complete the following table:

| | |
|---------------------------------------|--|
| What type of line? | |
| Is the applicant ok to shower? | |
| Is the applicant ok to swim? | |
| Any additional information | |

Daily Living:

| | |
|---|--|
| Does the applicant have any problems communicating verbally? | |
| Does the applicant have any hearing or visual impairment? | |
| Does the applicant have any mobility issues? | |
| Does the applicant have any breathing problems such as Asthma? | |
| Does the applicant have unstable blood sugars? If so please provide requirements | |
| Does the applicant have any special dietary requirements? (e.g. vegetarian) | |
| Does the applicant have any food allergies? If yes please be very specific | |
| Are there any foods which the applicant will not eat? | |
| Does the applicant tire easily from walking short distances? | |
| Does the applicant have difficulties walking Upstairs? | |

| | |
|--|--|
| (Please note that the bedrooms at Tracy Ann House are on the first floor) | |
| Does the applicant require a wheelchair at all? (YCT has a mobility scooter and a wheelchair) | |
| Any other information | |

Activities:

| | |
|---|--|
| Has the applicant been diagnosed with any behavioural / emotional issues which might affect their time at Tracy Ann house? If so – how is this behaviour managed? | |
| Has the applicant been diagnosed with ANY behavioural disorders such as ADD or ADHD? | |
| Has the applicant been away from home before? | |

Holiday dates required (Mon to Fri – all year round):

Please note: If you are not in full time education then please choose a time outside of the school holidays if possible.

First choice:..... **Second choice:**.....

Please circle ↓↓

I would like to bring my **friend / brother / sister** as a companion on the holiday with me for free!

Companion's Details:

| | |
|--|--|
| Full Name of Companion | |
| Relationship to Applicant e.g. brother, etc | |

| | |
|---------------------------------|--|
| Date of birth | |
| Address | |
| Telephone Number | |
| Mobile Number | |
| Email Address | |
| Name of Parent /Guardian | |
| Telephone Number | |
| Mobile Number | |
| Allergies | |
| Special dietary needs | |
| Any other info | |

Emergency Medical Treatment Consent:

In the event of a need for emergency medical treatment and parents/guardians cannot be contacted. I (Parent/guardian’s full name) give permission to Brenda Clark, or in her deputy, of Youth Cancer Trust Holidays to give consent for such treatment on my behalf.

Signature: (Parent / guardian)

The applicant’s GP has agreed that the applicant is able to come on a YCT holiday:

Signature: (Parent / guardian)

Signature: (Applicant if over 18)

Youth Cancer Trust Holiday Activities:

The Youth Cancer Trust offers the following activities (subject to availability): horse riding, water sports, go-karting, swimming, sailing, boating, bowling.

Are any of the above activities to be avoided? If so please state which ones:

.....

Parent / Guardian Consent (if the applicant is under 18):

| |
|--|
| <p>“To the best of my knowledge, at this time, this is a true and accurate description of my child’s needs”</p> <p>Signature: Date:</p> |
|--|

| | |
|-------------------|----------------------------------|
| Print Name: | Relationship to applicant: |
|-------------------|----------------------------------|

Publicity:

To encourage funding and support of the Youth Cancer Trust we sometimes use photos of the groups during their holidays and make reference to your son/daughter's stay at Tracy Ann House for press releases and other promotional / publicity materials.

We may include their first name (not surname), age and the area they live (not address)?
E.g. Vicky, aged 16 from Dorset.

Please indicate if you are happy to be part of any publicity material for YCT **YES / NO**

Sometimes a photograph will be used more than once in marketing materials. Please indicate if you are happy for this to happen? **YES / NO**

Criminal Convictions

Has the applicant any criminal convictions (apart from road traffic offences) **YES / NO**

Agreement:

Person completing form (print name):

Relationship to holiday applicant:

We understand that sometimes holidays have to be cancelled at short notice due to ill health. However, if you have to cancel due to work or other activities, please do give us **as much notice as possible** so we can offer your place to someone else.

Signed:

Date:

Where did you hear about the Youth Cancer Trust?

Equal Opportunities:

1. Is the applicant? Male Female

2. What is the applicant's ethnic background?

| | | | |
|-----------------|--------------------------|---------------------|--------------------------|
| Black Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White | <input type="checkbox"/> | Prefer not to state | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Transport Planning:

Please read and complete the following carefully:

Please book return travel tickets at least 7 days in advance to obtain preferential rates and confirm to Peter Guest or Brenda Clark of all travel arrangements with expected arrival and departure times at least 7 days prior to the holiday.

YCT holiday guests and companions are asked to arrive after 2pm on the Monday and to leave Tracy Ann House by 11am on the Friday if possible. We understand if train times do not permit this.

| | |
|---|--------------------------|
| The applicant will be driving to and from YCT in their own car | <input type="checkbox"/> |
| The applicant will be given a lift to & from YCT by a parent / guardian | <input type="checkbox"/> |
| The applicant will be travelling by train | <input type="checkbox"/> |
| The applicant will be travelling by plane | <input type="checkbox"/> |
| Not sure of travel arrangements yet? | <input type="checkbox"/> |

Data Protection:

Youth Cancer Trust do not disclose personal data to third parties. Your personal data is kept confidential and only used for the purposes of arranging your holiday and keeping in touch with you.

If you have any questions relating to this form or a Youth Cancer Trust holiday please telephone 01202 763591 and we will be happy to help.

Thank you for your patience in completing this form. Please return to:

The Youth Cancer Trust

Tracy Ann House, 5 Studland Road, Alum Chine, Bournemouth, BH4 8HZ

Registered Charity No: 1064736 (England & Wales) SC043065 (Scotland)

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