



GUEST APPLICATION FORM

YOUTH CANCER TRUST APPLICATION FORM FOR HOLIDAYS

You have been invited to be a companion on a Youth Cancer Trust Holiday. Please complete and submit the following full application form. If you are unsure, please contact us on 01202 763591 or email admin@yct.org.uk.

Once you have completed this form, you can send it via email to admin@yct.org.uk or post it to:

Youth Cancer Trust, 5 Studland Road, Alum Chine, Bournemouth, BH4 8HZ

We NEVER share your details with anyone - anything you share with us is private and confidential.

First Name:

Middle Name:

Last Name:

My YCT companion is:

Relationship to guest : (please circle)

Friend Brother Sister Partner

Date of Birth:

Gender: (please tick)

Male

Female

Transgender

Non-binary/non-conforming

Prefer not to say

EMERGENCY CONTACT

We take the wellbeing of our guests very seriously. Should we have any concerns about your health or wellbeing whilst participating on one of our holidays, we request that you can please provide us with an emergency contact. If you are under 18 this must be your parent / guardian.

COMPANIONS PARENT / GUARDIAN / NEXT OF KIN DETAILS IN CASE OF AN EMERGENCY

Full name of Parent / Guardian / Next of Kin:

First Name:

Surname:

Parent / Guardian / Next of Kin Phone Number:

Contact Number :

MEDICAL INFORMATION

Name of GP

First Name:

Last Name:

Name of GP's Surgery Practice:

Telephone number of Surgery / Medical Centre:

PLEASE TELL US OF ANY MEDICAL (PHYSICAL OR MENTAL HEALTH) ISSUES WE SHOULD BE AWARE OF INCASE OF A MEDICAL EMERGENCY

ALLERGIES:

Allergy :

What happens?

Treatment:

SPECIAL DIETARY NEEDS:

Any other Information:

COVID 19

Are you fully vaccinated for Covid 19 (this means 2 vaccinations and a booster)? (please tick)

Yes

No

Medically Exempt

EMERGENCY MEDICAL TREATMENT CONSENT

In the event of a need for emergency medical treatment and parents/guardians/next of kin cannot be contacted. I (parent/guardian/next of kin) give permission to the staff of Youth Cancer Trust Holidays to give consent for such treatment for the applicant on my behalf:

First Name :

Surname:

Companion UNDER 18 Please provide a signature of Parent / Guardian / Next of Kin named above:

Companions Signature if over 18:

CRIMINAL CONVICTIONS

Does the companion have any criminal convictions (apart from road traffic offences)?

No

Yes

TRANSPORT PLANNING

Please read and complete the following carefully: Please book your travel tickets at least 14 days in advance to obtain preferential rates and then confirm all of your travel arrangements with the office (01202 763591 or admin@yct.org.uk or via our Facebook page). If you need help with your travel arrangements, please let us know as soon as possible at the time of booking your 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.

How will the applicant get to and from Tracy Ann House in Bournemouth? (please tick)

The applicant will be driving to and from YCT in their own car

The applicant will be given a lift to & from YCT by a parent / guardian

The applicant will be travelling by train

The applicant will be travelling by plane

Not sure of travel arrangements yet

AGREEMENT

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. These holidays cost the charity substantial amounts of money so please allow us plenty of time to offer your place to someone else.

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 the applicant's stay at Youth Cancer Trust 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 (the applicant) are happy to be part of any publicity material for Youth Cancer Trust? (please tick)

No

Yes

Sometimes a photograph will be used more than once in marketing materials. Please indicate if you are happy for this to happen? (please tick)

No

Yes

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

The completion of this form is a legal requirement for Youth Cancer Trust. Please Note Youth Cancer Trust does not disclose personal data to third parties. 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 Youth Cancer Trust holidays please telephone 01202 763591 and we will be happy to help.

By emailing or posting this form, you are adhering to our terms and conditions and if you are under 18 you are confirming that you have permission from a parent or guardian that you are allowed to join the online community. Your details will be kept safe in line with our strict data protection policy.

POSTAL ADDRESS

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