



APPLICATION FORM

YOUTH CANCER TRUST APPLICATION FORM FOR HOLIDAYS AND ONLINE SUPPORT.

If you are eligible for 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 we have received your submitted form, we will be in touch to arrange the details of your holiday.

You can also use this form to sign up for Online Support to join our Realshare community – our FREE online support and activity programme. Once we have received your form, we will be in touch with your login details and to talk to you about all the activities on offer and how to take part.

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:

Date of Birth:

Gender: (please tick)

Male

Female

Transgender

Non-binary/non-conforming

Prefer not say

CONTACT DETAILS

Address:

Postcode:

Email Address:

Contact telephone number (mobile):

Facebook:

How do you prefer to be contacted? (please tick)

Email

Mobile

Post

Facebook Messenger

MEDICAL INFORMATION

Name of GP

First Name:

Last Name:

Name of GP's Surgery Practice:

Telephone number of Surgery / Medical Centre:

Emergency Out of Hours Telephone number of Surgery / Medical Centre:

Name of Consultant or Cancer Nurse Specialist:

First Name:

Last Name:

Name of Hospital or Treatment Centre:

24-hour Telephone Number for Medical Advice (in an emergency):

Cancer Diagnosis Details:

Date first diagnosed :

Have you finished treatment?

If yes, when did treatment end?

CURRENT ON-GOING MEDICAL STATUS

PLEASE NOTE - To meet the criteria for a Youth Cancer Trust holiday, the applicant will need to be able to self-medicate.

PLEASE LIST YOUR CURRENT MEDICINES:

Medication :

Dose:

Administered e.g., orally

ALLERGIES:

Allergy :

What happens?

Treatment:

CURRENT MEDICAL ISSUES:

In this section, please describe how your current diagnosis and treatment affects you. Also include any other health issues we need to be aware of.

Current Health Issue:

How this affects you?

How frequently?

Last time you experienced it?

What do you need us to know /how to support you?

CURRENT ON-GOING NEEDS:

Do you currently have a line fitted (Hickman, PIC, etc). If so, what type of line?

Are you ok to shower / bath?

Are you ok to swim?

Any additional information?

DAILY LIVING:

Please complete this section to let us know about anything else that may impact on your ability to participate in activities and how we can support you.

Do you have any problems communicating verbally?

Do you have any hearing or visual impairment?

Do you have any mobility or dexterity needs?

Have you been diagnosed with any behavioural / emotional issues which may affect participation in online activities?

Have you been diagnosed with any behavioural disorders such as ADD or ADHD?

Have you been diagnosed with a learning disability?

Do you experience brain fog or trouble remembering things?

Do you have any breathing problems such as Asthma?

Do you have unstable blood sugars? If so please provide requirements

Do you have any special dietary requirements? (e.g. vegetarian)

Do you have any food allergies? If yes, please be very specific

Are there any foods which you will not eat?

Do you experience fatigue?

Do you tire easily from walking short distances?

Do you have any difficulties walking upstairs? (Please note that the bedrooms at Tracy Ann House are on the first floor)

Do you require a wheelchair at all? (YCT has a mobility scooter and a wheelchair)

Any other information?

MENTAL HEALTH:

Please add Details / Suggestions / Information?

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?

COVID 19

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

Yes

No

Medically Exempt

EMERGENCY CONTACT

We take the wellbeing of our guests very seriously. Should we have any concerns about your health or wellbeing whilst participating in our online programme or as part of 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.

Full name :

Relationship to applicant:

Contact number:

Email address:

CRIMINAL CONVICTIONS

Do you have any criminal convictions?

APPLICATION OPTIONS

I would like to apply for: (please tick)

I would like to apply for a holiday

I would like to apply for a holiday and online support

I would like to apply only for online support

HOLIDAY APPLICATION

Have you been on a Youth Cancer Trust holiday before?

Yes

No

If you have been on a Youth Cancer Trust holiday before and answered yes to the last question, what date was the holiday?

HOLIDAY DATES

Please note - Youth Cancer Trust holidays take place from Mondays to Fridays (not weekend).

First Choice of Holiday Date:

(Our holidays run from Mondays to Fridays (not weekends). Please choose any Monday as your preferred holiday date.)

In case your first choice is already fully booked, please enter your second choice of holiday date - Our holidays run from Mondays to Fridays (not weekends). Please enter any Monday as your preferred holiday date.

Secondary Date:

COMPANION

Will you be bringing a companion?

If yes,

Companion's relationship: (please circle)

Friend Brother Sister Partner

Companion's Name

First Name:

Surname:

Companions date of birth:

Address

Postcode

Companions mobile number

COMPANION'S PARENT / GUARDIAN:

First Name:

Surname:

Companion's Parent / Guardian Phone Number:

COMPANION'S DAILY LIVING:

Please add Details / Suggestions / Information

Allergies:

Special dietary needs :

Any other Information:

YOUR 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 :

Please confirm your GP or Consultant has agreed you are fit to come on a Youth Cancer Trust holiday and are fit to travel to and from Bournemouth.

Yes

No

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:

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

The applicant's GP has agreed that the applicant is fit to come on a Youth Cancer Trust holiday. A parent / guardian / next of kin signature is required if the applicant is under 18.

Applicant's Signature if over 18:

YOUTH CANCER TRUST HOLIDAY ACTIVITIES

Activities are optional and if the applicant does not feel well enough to take part, they can either accompany the group or stay at the house. Activities can include horse riding, go karting, water sports, sailing amongst others

Are any activities to be avoided?

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

PARENT / GUARDIAN CONSENT - IF APPLICANT IS UNDER 18

If applicant is under 18. "To the best of my knowledge, at this time, this is a true and accurate description of my child's needs"

First name:

Surname :

Parent / Guardian Signature (if applicant is under 18)

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.

PERSON COMPLETING FORM

First name:

Surname :

Relationship to applicant :

Today's date :

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

Has the applicant any criminal convictions (apart from road traffic offences)?

No

Yes

ONLINE SUPPORT APPLICATION

Referral status: (please tick)

Self-referral
Health Service

If applicant is being referred by a health care service, please provide details:

Youth Cancer Trust run a secure Facebook group for our guests. If you would like to be added to the Facebook group, please add your Facebook profile or Facebook email address below

Facebook Contact Profile:

If you are under 18, please ask your parent / guardian to sign to give their permission for you to access our Facebook group.

Full Name of Parent / Guardian

Relationship to applicant

ONLINE ACTIVITIES AND SUPPORT

What activities and support are you interested in?

Exercise and fitness

Baking / Cooking / Eating Together

Crafts – clay/ sewing/ other

Art – painting / drawing /graffiti

Quiz / Escape Room /Murder Mystery

Games / Gameshow / Bingo

Beauty / Pampering

Health and Wellbeing

Mindfulness and Meditation

Yoga and Relaxation

Talks / Guest speakers

Support Group

Buddy Programme

1:1 Support

We are open to your ideas and suggestions and will try our best to make them happen where possible. Please use the box below to tell us any ideas for activities/ support you would like to see included.

TERMS AND CONDITIONS

Unless specifically stated, the online activity and support programme, and secure Facebook group is for Youth Cancer Trust guests only.

The term 'guest' refers to anyone meeting our criteria:

'young people aged 14 to 30 living with cancer or any malignant disease from anywhere in the UK and Irish Republic or who are patients of any UK hospital. You can also join our program if you have been in remission for up to 5 years, or are living with the late effects of having had cancer as a teenager.'

At our discretion, we are also currently accepting applicants meeting the above criteria who are over 30 years of age.

All guests participating in our online programme agree to at all times treat peers and staff respectfully and courteously or may be asked to leave the programme.

All content in the secure group including guest's comments, photos, zoom recordings and zoom links are strictly to remain within the group only and not to be shared publicly, unless permission has been granted from the individual or group moderators. Youth Cancer Trust will not tolerate any bullying or intimidating behaviour and reserve the right to remove and block anyone from accessing the secure group and activities if they do not adhere to the above conditions.

Should guests experience any bullying from peers or they have any concerns / grievances please report to one of the group moderators immediately.

Guests participating in physical activities hosted by Youth Cancer Trust must seek advice / permission from their GP first if they are not currently physically active.

AGREEMENT

I agree to adhere to the above terms and conditions at all times. I understand that failing to do so may result in me being removed from the group.

OTHER

How did you hear about us?

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