

Charity No: 250038

DATE RECEIVED

APPLICATION FORM

For office use only:

- All applications for Mothers' Union holidays have to be supported by someone who knows the family in a professional capacity. Please ensure all questions are answered.

1.	NAMES (Main Applicant)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

Details of all applicants to be included on the holiday.	.....	.....	.....

Address	.....	
	.....	Postcode	.....
	Email	.....	Telephone

2. Name of person completing the form.	.....	
	Email	.....	Telephone

3. When did the family last have a holiday?	.....	
4. This person must NOT be going on the holiday.	EMERGENCY CONTACT	TELEPHONE	
	
5. Your doctor's name is required for emergency use only.	DOCTOR'S NAME	TELEPHONE	
	
	SURGERY ADDRESS		

BOOKING CONDITIONS

- **The organiser is to be contacted if changes are to be made to those named on the application form. These changes must be agreed by your Referee.**
- **The organiser is to be contacted if there is a need to cancel the holiday.**
- The holiday transport, accommodation and site should be treated with respect.
- Parents / Carers are to be responsible for their children at all times during the holiday.

PART 2 – REFERRAL

To be completed by the person providing the referral for the applicant

NAME.....

OCCUPATIONAL ADDRESS.....

.....

Post Code Telephone.....

Email address

OCCUPATION.....

1. What is your professional relationship with the applicant?

2. How long have you known them in this capacity?

3. If a problem occurs before or during the holiday, are you willing to be approached for advice about its resolution? YES NO

4. Are you available and willing to offer transport for the family to the coach? YES NO

5. Why do you feel that the family should be allocated a holiday?.....

.....

6. To the best of your knowledge, is the information the applicant has provided correct? YES NO

7. Are you aware of any problems which might arise for the applicant, the holiday site or the Mothers' Union? YES NO

If yes, please explain on a separate sheet.

8. How did you hear about the Holiday Scheme?

9. **Additional Information** PLEASE PROVIDE A COVERING LETTER ON HEADED PAPER TO SUPPORT THIS APPLICATION.

10. **Data Protection** Under the 1998 Data Protection Act, and the General Data Protection Regulation 2018, the Mothers' Union in the Diocese of Leicester needs your agreement to hold the information you have supplied, for use in provision of the holiday.

11. **Confirmation** Please sign below, to confirm that:
• To the best of your knowledge the information you have supplied is correct.
• You give your consent to the information you have supplied being used in the ways indicated.

SIGNATURE DATE

Please return this form to: AFIA Holiday Scheme
Mothers' Union Office
St Martins House
7 Peacock Lane
Leicester LE1 5PZ

Telephone: 0116 261 5339
email: mu@leicestercofe.org

FOR OFFICE USE ONLY:

TRAVEL: Check if the family wants to travel by Coach or provide their own transport. *Indicate which option.*

SUPPLIED BY MU: Travel, if required, accommodation and some groceries on arrival.

REMINDERS: The family needs to take their own towels, tea towels, swimming kit and travel cot (if required).

EMERGENCY CONTACT Check, this must NOT be a person who is going on the actual holiday. (See question 4 in the Application Form)

INFORMATION: A letter will be sent to the family one week before the holiday with time and venue of departure. The return time will be advised during the holiday.

CONTACT: Leave a contact telephone number.

ADDITIONAL Re-check the form, check if anything has changed since it was completed, in

INFO: particular anything that is relevant to the holiday. Inform the AFIA Administrator of any changes.

WHO VISITED THE FAMILY?

WHICH FAMILY MEMBERS WERE PRESENT?

DATE VISITED

TELEPHONE CALL OFFERING HOLIDAY:
Date and by whom

FINAL LETTER SENT:
Date and by whom