MOTHERS' UNION LEICESTER DIOCESE AWAY FROM IT ALL HOLIDAY SCHEME



For office use only:

Charity No: 250038

DATE RECEIVED

•			thers' Union holidays have t I capacity. Please ensure <u>a</u>		•		
۱.		NAM (Maii	IES n Applicant)	RELATIONSH TO APPLICA		DATE OF BIRTH	
	Details of all applicants to be included on the holiday. Address						
					Postcode		
		Ema	il		Telephone		
2.	Name of person completing						
	the form.	Ema	il		Telephone		
3.	When did the fami	ily last	t have a holiday?				
I.	This person must NOT be going		EMERGENCY CONTACT		TELEPHONE		
	on the holiday.						
5.	Your doctor's name is required for emergency		DOCTOR'S NAME		TELEPHONE		
	use only.	псу					
			SURGERY ADDRESS				

APPLICATION FORM

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.

			NAME(S)		CONDITION or SPECIAL NEEDS	
6.	Please list anyone who has (a) Physical or Mental					
	(α)	Health problems including				• • •
		drug or alcohol related				
	(b)	Any Allergies				
	(c)	Special Needs - Please indicate what their needs are				
			NAME(S)		REGISTER	
7.	hav	any children on, or e ever been on, an "At k" Register?				
8.		the conduct of anyone include				
		form ever caused / been likely se, significant harm to a child/	to	NO	YES	
		ng person?	If yes, please give information on the back of the form.			
9.	ever been convicted (or have a ca		se	NO	YES	
	pen	ding) of any criminal offence?	If yes, please give information on the back of the form			
		TANT – If you have answere g a holiday.	d YES to qu	uestions 7, 8 or 9,	it does not necessarily disqualify you from	l
		rotection – Under the 1998 I s' Union in the Diocese of Le			General Data Protection Regulation 2018, t	th
	ansv conf	wered question 6 or 7, or and fidentially by those involved it	swered YES n administe	in response to qui ring the holiday ar	n of the holiday. Please note that if you ha uestions 8 or 9, the information will be trea nd held under secure conditions. uired for the holiday booking.	
Со	nfirn	nation				
		Please sign below	to confirm t	hat:		
•	To t	he best of your knowledge, t	he informati	on you have supp	lied is correct.	
•	You	give your consent to the info	ormation you	u have supplied be	eing used as indicated.	
•		, on behalf of all applicants we ditions for the Holiday Schei	•	, , ,	d on this form, agree to the Booking ne first page of this form).	
SIC	NAT	ΓURE			DATE	
Co	ntact	telephone no.				

For any additional, relevant information, please use a separate sheet and attach to this application form.

• You will be visited by a Mothers' Union representative to answer any questions and queries you may have prior to the holiday, if your application has been successful.

PART 2 - REFERRAL

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

NA	ME			
ОС				
Pos		Telephone		
Em	ail address			
ОС	CUPATION			
1.	What is your professional relationship with the applicant?			
2.	How long have you know them in this capacity?	n 		
3.	If a problem occurs befor to be approached for adv	e or during the holiday, are you wil ice about its resolution?	ling YES	NO
4.	Are you available and wil family to the coach?	ling to offer transport for the	YES	NO
5.	Why do you feel that the should be allocated a hol	family iday?		
6.	To the best of your knowledge the applicant has provide		YES	NO
7.	Are you aware of any prowhich might arise for the the holiday site or the Mo	applicant,	YES	NO
		If yes, please	explain on a separa	e sheet.
8.	How did you hear about t	he Holiday Scheme?		
9.	Additional Information	PLEASE PROVIDE A COVERING SUPPORT THIS APPLICATION.		DED PAPER TO
10.	Data Protection	Under the 1998 Data Protection A Regulation 2018, the Mothers' Unagreement to hold the information holiday.	nion in the Diocese of	of Leicester needs your
11.	Confirmation	 Please sign below, to confirm tha To the best of your knowledge You give your consent to the in ways indicated. 	the information you	• •
SIG	SNATURE	[DATE	

Please return this form to: AFIA Holiday Scheme

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:	<u>Check</u> if the family wants to travel by Coach or provide their own transport. <i>Indicate which option</i> .			
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				