

# St Giles Church, Northampton Holiday At Home

Tuesday 15th to Friday 18th August 2017

## APPLICATION FORM



Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Post Code	<input type="text"/>	Telephone Number <input type="text"/>
Age	Date of birth <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Please note** : - St Giles Church will keep the information on this form confidential.

- Form should be completed as fully as possible.
- The number of places is limited.
- We will speak with applicants to confirm suitability.

### EMERGENCY CONTACT DETAILS:

Name of next of kin/Carer:

Relationship of next to kin to you:

Daytime Phone number of next of kin/carer

Work/Mobile [if any] of next of kin/carer:

**Do you have any special dietary requirements or foods you can't eat?**

**When did you last have a holiday of any description?**

**Is there anything else we should know that would support your application?**

### MEDICAL DETAILS [THIS WILL ONLY BE USED IN THE EVENT OF AN EMERGENCY]

Name of Family Doctor (GP):  DR.

Name and Address of Doctor's Surgery

Phone number of Doctor's surgery

Please list medical conditions which could require attention in an emergency

***\*Please fill in both sides of this form\****

***\*\* N.B. This is an application form and NOT confirmation of acceptance \*\****

YOUR FULL NAME

D.O.B  /  / 19

**FOLLOWING INFORMATION WILL HELP US PROVIDE THE CARE YOU NEED**

**(PLEASE TICK THE APPROPRIATE BOX)**

1	Can you get into and out of a car unaided?	YES		NO	
2	Do you need a wheelchair? <b>If YES please answer (a) and (b)</b>	YES		NO	
	<b>(a)</b> Do you need to remain in a wheelchair at all times?	YES		NO	
	<b>(b)</b> Do you need a wheelchair transfer only?	YES		NO	
3	Can you bring your own wheelchair (if you need one)?	YES		NO	
4	Do you use a Zimmer or walking frame?	YES		NO	
5	Do you require transport to and from St. Giles Church ?	YES		NO	
6	Would you appreciate help because you have hearing loss?	YES		NO	
7	Would you appreciate help because of sight loss?	YES		NO	
8	Is there anything else you need help with?				
<input type="text"/>					

\*\*Please could you tell us below, where you heard about 'Holiday at Home' or where you saw it advertised?

**Please read this statement and sign the form:**

*"In making this application I understand that if I am accepted, I will be expected to take part in the whole programme of events from Tuesday 15<sup>th</sup> August to Friday 18<sup>th</sup> August 2017."*

**Applicant** Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: The programme each day starts at 10.30am and finishes at about 3.30pm. Guests will be collected (at the earliest) from 9.00am and should arrive home by 5.00pm.**

[Office Use: St Giles Contact: \_\_\_\_\_ Date: \_\_\_\_\_ ]

Please return this form **as soon as possible** to:

**The Holiday at Home Coordinator, St. Giles Parish Office, St Giles Terrace,  
Northampton. NN1 2BN.**

***\*Please fill in both sides of this form\****

**\*\* N.B. This is an application form and NOT confirmation of acceptance \*\***