

**Details of the Carer (not the person being cared for)**

Title First Name Last Name  
 Address (inc Postcode)  
 Tel Email  
 The Name of the Person you care for Your relationship to them  
 How long have you been caring for them Their age if over 65 or under 18

**Please provide details of the diagnosis or diagnoses of the person you care for** (this section must be completed)

Please give up to three practical examples of the type and level of care you are personally providing and why (This need not be detailed, we merely need to have a clear grasp of the challenges you face)

Please confirm that you are eligible for this break by demonstrating that you do not have the means to fund this break yourself. You can do this by completing the boxes below to tell us all the benefits that you currently receive or, if you are not in receipt of benefits, by providing us with information to help us confirm that you need this break from the Respite Association.

**YES** Please list in the box below all the relevant benefits you receive. You do not need to send proof with this form. **NO** If you are not in receipt of benefits we may still be able to support you but please use the box below to outline your situation.

What alternative care will be arranged for the person you normally care for whilst you are on holiday (if one is offered to you) and by whom.

There are 3 locations available, full details on our website, you can select 1, 2 or 3 in preferred order (if you only want one option considered just select 1, if you have no preferred order select 'Either'!or 'Any'):

Lan y Mor Hafan, North Wales Joanna's Cottage, Cornwall Wiltshire Cottage  
 Any of the three locations and I have no preference

**\*Please Note a £50 no show/damage/cleaning deposit will be required for all bookings at least 8 weeks prior to departure date (send no money now)**

When would you like to go on a week's break (Saturday to Saturday only) if one is offered to you? Tick ALL the weeks you would like not just one.

w/c 1/4	w/c 8/4	w/c 15/4	w/c 22/4	w/c 29/4	w/c 6/5	w/c 13/5	w/c 20/5	w/c 27/5	w/c 3/6	w/c 10/6	w/c 17/6	w/c 24/6	w/c 1/7	w/c 8/7
w/c 15/7	w/c 22/7	w/c 29/7	w/c 5/8	w/c 12/8	w/c 19/8	w/c 26/8	w/c 2/9	w/c 9/9	w/c 16/9	w/c 23/9	w/c 30/9	w/c 7/10	w/c 14/10	w/c 21/10

The more weeks you select the more likely we are to be able to give you a break. The weeks highlighted in orange are the busiest weeks (often 4 times oversubscribed). If you choose just one of these weeks at a single location you may not be allocated a break.

If we cannot accommodate you, would you like to go onto our cancellation list for a short notice opportunity if one arises (there would be no obligation to take any breaks offered) Tick here

Have you, or anyone in your immediate family, received a grant or a free carers' holiday from The Respite Association before? Yes No

Where did you hear about us

Please state the names, age (if under 21) and relationship to you of all those in your party. **Respite breaks are for the carer together with a husband/wife/partner or a friend (not more than one other adult) as long as they are NOT the person you are caring for, as the offer is intended to be a break from your caring routine.** Alternatively you may take your own children (maximum 2 children and with a minimum age of 3 years) again assuming that they do not include a child you are the Carer for. Our priority is to provide the Carer with a complete break from their caring duties. In families where the cared for is a child our aim is to provide the parent and any other siblings with some time to themselves. Where a 2<sup>nd</sup> unrelated adult is included in your party please include their address (The 2<sup>nd</sup> adult cannot be a carer who has had a grant or a break from The Respite Association in the previous 18 months)

Your Name	Address of 2 <sup>nd</sup> guest if different from yours
Name of additional adult	Age
Name of child (if applicable)	Age
Name of child (if applicable)	Age

If The Respite Association is able to assist, you will receive a formal offer letter or email requiring your written acceptance. You will need to get this letter countersigned by someone who can vouch for the suitability of your application, this can be a Doctor, District Nurse, Social Worker, charity worker, church leader (eg: Minister, Rabbi, Imam) etc. If you have been referred to us via another Registered Charity, one of their Officers can countersign for you.

**PLEASE NOTE:**

The facilities are not wheelchair accessible, transport is not included and all breaks are self catering.

**DATA PROTECTION AND PRIVACY DECLARATION**

The Respite Association requires the information requested on this form for the sole purpose of enabling us to decide whether a Free Carers' Break can be provided for you. Without the information contained within the form we are unable to process any application. The information on the form will not be transferred in any way to a third party unless we are required to do so by law and will be stored securely.

By applying for a Free Carers' Break, and signing this form, you are giving The Respite Association permission for your information to be held and used as described above.

Full copies of both our Privacy Policy and our Data Protection Policy can be found on our website and paper copies can be provided upon request to our office.

**Authority to retain information**

I have read and understood the Respite Association's declaration regarding the retention and use of my personal information contained within this form and hereby give them my permission to retain it in the ways and for the uses described.

Signed\*: ..... Print Name: Date  
*\*If you are emailing the form you do not need to sign it.*

Once completed please email the form to [holidays@respiteassociation.org](mailto:holidays@respiteassociation.org) or post to:

Free Carers' Breaks, The Respite Association, Highfield Barn, Lewdown, Devon EX20 4DS

If a Free Carers' Break is approved an acceptance form will be emailed to you, to be printed, signed and returned via the post!. Please note the acceptance form will need to be countersigned by someone with an official email such as a GP, Nurse, Social Worker etc

If you do not have the facility to print this form and would prefer to receive it by post please tick this box