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| Macintosh HD:Users:JamieMallan:Documents:Caravan Project:Marketing:Logo:Full Colour:FC Lo Res 72dpi small.jpg |  | **FORM A(2)SELF REFERRAL** **Short Break Application Form 2021** |

# Name and contact details of the main applicant

Please provide us with the name, contact details and monitoring information of the main applicant.

|  |  |
| --- | --- |
| Full Name: |       |
|  |  |
| Address |        |
|  |  |
| E-Mail: |       | Postcode: |   |
|  |  |
| Home Tel: |       | Mobile Tel: |       |
|  |  |
| Age: |       | Are they a [ ]  GHA Customer [ ]  Other?      |

# Names of your guests

Please let us know more about your guests who will be staying in the caravan with you.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | First Name |  | Surname |  | Age |  | Postcode | Disability | GHA |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |       |  |       |  |       |  |       | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |       |  |       |  |       |  |       | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |        |  |        |  |       |  |       | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |       |  |        |  |       |  |       | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |       |  |       |  |       |  |       | [ ]  | [ ]  |

If any of your guests has a disability please provide more information in the box below. Please note our definition is wide and includes all forms of disability including mental health, Autism, Asperger’s Syndrome, learning difficulties as well as physical disabilities:

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# 3. Transport

Does the family/ group require transport to and from the caravan site?

Will the family/ group be taking any bulky items? E.g. buggy (if so list these below)

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# 4. Further assistance

Please let us know of any support requirements members of the family/ group may have (e.g. a mobility/ disability issue).

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# 5. Cleaning the holiday home

We do not have cleaners so families are expected to leave the caravan clean and ready for the next family. You will receive a cleaning checklist when you arrive at the caravan.

# 6. Holiday criteria

Has anyone within the family/ group been to the caravan before? If yes when? [ ]  Yes       [ ]  No

Does the family/ group have any other opportunity to go on holiday this year? [ ]  Yes [ ]  No

Does the family/ group live on a low income? [ ]  Yes [ ]  No

When was the family/ group’s last holiday?

*Please state in years.*

# 7. Challenging Circumstances

Please let us know if anyone in the family/ group is affected by any of the issues below.

[ ]  Alcohol and substance dependency [ ]  Lack of community resources

[ ]  Young carer (under the age of 25) [ ]  Mental health (e.g. anxiety/ depression)

[ ]  Carer (aged 25 or older) [ ]  Physical health (e.g. disability)

[ ]  Debt [ ]  Special needs (e.g. behavior & learning)

[ ]  Engaged in social work services [ ]  Unemployment

[ ]  Inadequate housing [ ]  Victim of Crime

[ ]  Other (please specify):

# 8. Challenging circumstances

Using the scale 0 – 5 people tick one box in each row to indicate how the family/ group feels they have been affected by the following.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 – Not applicable | 1 – Very slightly affected | 2 – slightly affected | 3 – Moderately affected | 4 – Highly affected | 5 – Very highly affected |
| Feeling isolated/ a sense of missing out on important opportunities for new experiences. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Difficulties in balancing caring, work and life demands. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ill health or bereavement. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Relationship difficulties within the family/ group or family/ group breakdown. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Stress relating to issues in the home environment (including caring issues). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Stress relating to issues at work. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Stress relating to issues in the community. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

# 9. Benefits of a holiday

Using the scale 0 – 5 please tick one box in each row to indicate what benefits the family/ group hopes to gain from the holiday.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 – Not applicable | 1 – Very slightly affected | 2 – slightly affected | 3 – Moderately affected | 4 – Highly affected | 5 – Very highly affected |
| To be better able to cope with circumstances (e.g. balancing care, work and life). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The chance to broaden horizons, experience new places and meet new people. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| To gain a sense of optimism for the future. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The chance to spend quality time together as a family/ group. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The opportunity to have a break away from home stresses or difficult circumstances. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| To raise aspirations through enhanced social and educational opportunities. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The opportunity for fun and happy memories. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

# 10. Holiday Payment

The holiday will cost £200 plus a £50 returnable deposit (total of £250). Full payment must be made 6 weeks prior to the holiday.

# 11. Applicant’s statement

Please ask the applicant to detail in their own words why they feel they need a holiday, please use a separate sheet of paper if necessary.

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# 12. Verification

Can you please provide the name and contact details of your housing officer or another professional who can verify your name, address and personal circumstances.

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| --- | --- | --- | --- |
| Full Name: |       |  Organisation: |       |
|  |
| Job Title: |       |  Telephone: |       |

# 13. Declaration

Please sign to show that you have read the information and accept our terms and conditions. Please note that without your agreement we cannot consider this application.

* I declare that the information provided is a true reflection of my personal circumstances.
* I understand that completing this form does not guarantee a break.

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| --- | --- |
| Signed: |        |
|  |  |
| Print Name: |        | Date: |       |

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**14. GDPR CONSENT FORM**

Under the General Data Protection Regulation (‘GDPR’) there are occasions when **The Caravan Project** must obtain your explicit consent to use your information, known as ‘Personal Data’. Personal Data includes, but is not limited to your name, address, telephone number and email address.

**The Caravan Project** would like to hold and use your information for the purposes set out below:

Please tick all relevant boxes to indicate your consent. You may consent to all of the purposes, any number of the purposes or none of the purposes. If you do not consent to **The Caravan Project** using your information for the purposes listed below then we will not contact you.

[ ] To keep me informed on the status of my application for a **respite holiday or BIG DAY OUT**

[ ]  To contact me with regards to specific fund raising events by **the Caravan Project**

[ ]  To keep me informed of news, services, activities and events at **the Caravan Project**

I consent to **the Caravan Project** contacting me for the above purposes by:

[ ]  Post [ ] email [ ] phone[ ] SMS [ ] social media including Facebook, Twitter

|  |  |
| --- | --- |
| Signed: |        |
|  |  |
| Print Name: |        | Date: |       |

You can change your consent preferences or withdraw your consent completely by contacting **The Caravan Project, 201 Alderman Road, Glasgow G13 3DD or by e-mailing** **office@caravanproject.co.uk**

For full details of how **the Caravan Project** uses your information, please refer to our Privacy Policy which is available on our website or we can provide you with a printed version on request.