

Application Form

OFFICE USE ONLY

Form ref:	
Date received:	
Camp:	
Booking ref:	
MOD ref:	

Information sharing

We are looking to find out more about your family to help us make the holiday work for you all. All information shared will be treated in the strictest confidence, and no information will be shared with the YHA accommodation and catering staff unless requested by you. It is important to us that these holidays are a success for you and your family. If your application is successful a FAB Project Worker will contact you by phone for some background information.

Parent / Carer details

Please let us know below if you have dietary, medical or any other additional requirement including wheelchair access that you feel we should know about. Use the back page if further space is required. Some of the information provided will be used when bookings for activities are made. This will enable the providers to ensure the appropriate equipment is readily available.

Forename:	Surname:			
Address:				
	Postcode:			
Email:				
Telephone:				
Mobile:				
Dietary requirements:	Allergies / medication:			
Approximate height:	Approximate weight:			
Additional requirements:				
Name/rank of deceased service person:				
Please provide a brief summary of the circumstances of your	family's loss:			

Family members

Please let us know below if there are members of your family who have dietary, medical or any other additional requirement including wheelchair access that you feel we should know about. Please use the appropriately marked boxes for each child.

	Name:				
	Relationship to deceased:		Age:	Gender: M or F	
	If at school, what year:	Occupation if not at school (including if you are a student):			
	Dietary requirements:		Allergies / medica	ition:	
	Approximate height:		Approximate weig	jht:	
	Additional requirements:				
	Name:				
	Relationship to deceased:			Age:	Gender: M or F
	If at school, what year:	Occupation if not a	t school (including if you	u are a student):	
	Dietary requirements:		Allergies / medica	ition:	
<u> </u>	Approximate height:		Approximate weig	jht:	
	Additional requirements:				
N					
	Name:				
	Relationship to deceased:			Age:	Gender: M or F
	Relationship to deceased: If at school, what year:	Occupation if not a	t school (including if you	_	Gender: M or F
I		Occupation if not a	t school (including if you	u are a student):	Gender: M or F
H	If at school, what year:	Occupation if not a		u are a student):	Gender: M or F
	If at school, what year: Dietary requirements:	Occupation if not a	Allergies / medica	u are a student):	Gender: M or F
	If at school, what year: Dietary requirements: Approximate height:	Occupation if not a	Allergies / medica	u are a student):	Gender: M or F
	If at school, what year: Dietary requirements: Approximate height: Additional requirements:	Occupation if not a	Allergies / medica	u are a student):	Gender: M or F
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HIII 3 CH	If at school, what year: Dietary requirements: Approximate height: Additional requirements: Name: Relationship to deceased: If at school, what year:	Occupation if not a	Allergies / medical Approximate weight t school (including if you	are a student): ution: ght: Age: u are a student):	
	If at school, what year: Dietary requirements: Approximate height: Additional requirements: Name: Relationship to deceased: If at school, what year: Dietary requirements:		Allergies / medical Approximate weight t school (including if you Allergies / medical	Age: u are a student): Age: u are a student):	
	If at school, what year: Dietary requirements: Approximate height: Additional requirements: Name: Relationship to deceased: If at school, what year:		Allergies / medical Approximate weight t school (including if you	Age: u are a student): Age: u are a student):	

Media and training material

Please be aware that during the holidays we may wish to take film and photographic footage to help publicise the project, and to support bereavement awareness training. However, we will fully respect the wishes of families and individuals who do not wish to participate.

Please tick the box i	f you are willing	g to take part ir	the production
of media material to	promote FAB	and assist with	training.

Choose your location:	
1st CHOICE: YHA Coverack [23 July - 30 July]	2 nd CHOICE: YHA Coverack [23 July - 30 July]
YHA Coverack [30 July - 6 August]	YHA Coverack [30 July - 6 August]
YHA Whitby [6 August - 13 August]	YHA Whitby [6 August - 13 August]
YHA Whitby [13 August - 20 August]	YHA Whitby [13 August - 20 August]
If your first choice is unavailable are you willing to be	allocated a place on your second choice? YES / NO
If you have chosen YHA COVERACK there is an opportunity	rtunity to camp in the grounds, would you like to:
stay in the Hostel	
or use the camping facilities	
Activities Below are the activities available at our holiday destinations information pack outlining the activities and other relevant a approximate Height & Weight details to assist with planning	
Abseiling Archery Beach sports and coasteering Canoeing Climbing Gorge walking Horse skills Kayaking Low level walking Low ropes Mountain-biking	Orienteering Paintballing Pond dipping Raft building Sailing Shelter building Team games Tree climb Water sports Wind-surfing Zip wire
Transport to camp*	Sharing
I will travel in my own car	To maximise the accommodation available please
I will be travelling by public transport	tick if you would like to share with another family

I would like to apply for a travel bursary

(we will contact you about this)

Where child seats or booster seats are required, please bring your own for each child that is required by law to use one. Transport during the breaks will be in minibuses and we do not have a supply of child seats/boosters

If yes, which family:

 $[\]mbox{\ensuremath{\bigstar}}$ a limited amount of money is available for families who need assistance with travel costs

Any more information you feel you need to share with us				
Signature:	Date:			





