CONFIDENTIAL

FABIS APPLICATION FORM FOR A

HOLIDAY GRANT

(**F**riends of **A**cquired **B**rain **I**njury **S**urvivors)

**TERMS & CONDITIONS**

The objectives of our registered charity limit is to provide holidays and other social activities for people having sustained an Acquired Brain Injury (ABI). Our beneficence is limited to West Sussex and the surrounding areas.

We offer free and subsidised holidays to various destinations in the UK. The level of funding offered will take into account the applicants financial situation.

Applications will not normally be considered for those under 18 years and those over 60 years of age

FABIS works with specialist travel companies who cater for the needs of ABI guests. The travel companies provide insurance for the duration of the holiday. (It is strongly advised that individuals take out personal insurance from home to the coach pick-up point).

The trustees do not accept liability for accidents whilst on an organised holiday or for theft of personal items

The following application must be signed either by the applicant or someone authorised to sign on their behalf. In the case of a group the signature must be made by a recognised representative of the group.

By signing the application form you agree to the above terms and conditions

You can either type your details or print out the form. In either instance please e-mail the completed form to [hello@fabis.com](mailto:hello@fabis.com)

(Do individuals need to take out insurance for any equipment ie wheelchairs etc ?)

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**INFORMATION REQUIRED**

|  |
| --- |
| Name & Address of Applicant |
| E-mail address of applicant |
| Telephone number of applicant |
| If help has been required to make this application, please provide details of that person I,e name, e-mail, telephone number and connection with the applicant. |
| Next of Kin Name and address, if not the person giving assistance |
| E-mail address of Next of Kin |
| Telephone number of Next of Kin |

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| Name of nominated person,and their e-mail address and telephone number who accepts responsibility to collect applicant if s/he needs to be collected before the end of the holiday |
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| Proof of Disability. Please attach a PIP or EESA statement or note from medical practitioner or social services professional |
| Nature of Disability and level of care needed as advised by a medical practitioner |
| Date and location of last holiday (if any) |

Signature …………………………………..

Print name…………………………………….

Date………………………………………………..