

FAMILY BOOKING FORM

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| FAMILY NAME: | Click or tap here to enter text. |
| ADDRESS:  (Include town and postcode) | Click or tap here to enter text. |
| CONTACT  DETAILS: | Telephone:Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Have you stayed at the retreat before?  Please tick box. | YES  NO If no, please indicate how you heard about us? e.g., hospital, social media etc  Click or tap here to enter text. |

**CHILD/YOUNG PERSON WITH DIAGNOSIS**

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| Name of child/young person (who has diagnosis) | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Male/female | Click or tap here to enter text. |
| School (if attending) | Click or tap here to enter text. |
| Diagnosis | Click or tap here to enter text. |
| Current Treatment | Click or tap here to enter text. |
| CHI Number | Click or tap here to enter text. |

**ACCOMPANYING PERSONS** Please provide details for all others who will be staying for respite.

**IMPORTANT - Only those listed on this Booking Form are authorised to stay at the retreat.**

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| FULL NAME | Date of Birth  (DD/MM/YYY) | RELATIONSHIP TO CHILD/YOUNG PERSON |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**IMPORTANT**

**Will your child/young person be using oxygen during their stay YES NO**

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| **Please indicate YES/NO to items in EACH BOX – for more information please just ask and we will be happy to provide this.**  **PLEASE NOTE THAT IT IS SHOWER/WET ROOM ONLY – NO BATH IN EITHER COTTAGE** | |
| **Wheelchair access (Main Cottage Only)** | Click or tap here to enter text. |
| **Splashy** – Multi-purpose seat, can be used in wet room.  (suitable age 1-8, max user weight 30kg) | Click or tap here to enter text. |
| **Shower Cradle (Main Cottage Only)**  (Washington Shower Cradle Medium) | Click or tap here to enter text. |
| **Profile Bed\***  **\*Please note that the Profile Bed is single sized and can only be booked for the Main Cottage . Bed is situated in twin bedroom.** | Click or tap here to enter text. |
| **Portable Hoist** (Molift Smart 150) **(Main Cottage Only)** | Click or tap here to enter text. |

**ADDITIONAL ITEMS**

**Unless you have been referred by a health/social care professional then we require a copy of a clinical letter issued by a consultant/treatment centre/social worker etc**.

**Please circle/highlight appropriately**.

I will provide a clinical letter to confirm booking **YES NO**

I would like Whiteleys Retreat to securely share this information with Supportive Care Team, NHS Ayrshire & Arran who can offer clinical support or advice should it be required during our stay.

**YES NO**

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| How does your child/young person’s condition affect your lives  and why you are booking respite?  Click or tap here to enter text. |

**Important Information**

**Please read below and sign that you have read and understood the following information -**

* Whiteleys Retreat operates a NO SMOKING policy inside our cottages or in shared areas around the retreat. Please use the pots provided at your own cottage.
* STRICTLY NO PETS ARE ALLOWED AT THE RETREAT.
* Whiteleys Retreat holds no responsibility for food allergies and any risks should be assessed by families.

By completing this form, you are agreeing that Whiteleys Retreat can collect, use and store your personal information which is in line with our Data Protection Policy and other relevant legislation.

I agree to help Whiteleys Retreat develop and grow as a charity by completing a short evaluation during/after our respite.

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| --- | --- |
| Click or tap here to enter text.  Please give full name of person completing form | Click or tap here to enter text.  DATE FORM COMPLETED |

**Please return your booking form by email to** [**hello@whiteleysretreat.com**](mailto:hello@whiteleysretreat.com)

**Thank you.**