

Share A Little Love

Unit F1, The Enterprise Centre, Eastbourne, BN20 1BD
Telephone: 01323 644666 Fax: Mobile:07533189314

Part A:

Application for use of holiday home at Combe Haven Holiday Park.

(To be completed by the family)

A1. Family Name

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A2. Contact Details

Address

Telephone number (home)	
Telephone number (work)	
Mobile phone number	
Email	

We request that you complete the following to assist in monitoring our service.
All information is confidential and subject to the Data Protection Act.

A3. Details of family members

Title	First name	Family name	Date of birth	Position in the family
Mr/Mrs/ Miss/Ms Please select	Please list those family members that are going on holiday.		(dd/mm/yy)	Please enter one of the following options for each family member: parent, grandparent, dependent child , carer, other, please specify.
Example Miss	Sarah	Smith	29/11/68	Parent
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Any holiday is made to the family named and listed above.
Amendment may not be made without the authorisation of Share a little love.

A4. Meeting Share a little love criteria

4.1	We are on low income	
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Please provide further information about your income by ticking (✓) all boxes that apply

<input type="checkbox"/>	Child benefit	<input type="checkbox"/>	Income under £23,000
<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>	Working Tax Credit
<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>	Housing Benefit
<input type="checkbox"/>	Income Support / Income-based Job seekers Allowance	<input type="checkbox"/>	Other, please specify

E.g. Loss of income, increase in expenditure or other special circumstances which are making it difficult to manage your finances. Please explain the reasons below in A5.

A5. We need a holiday because

5.1 In your own words, please say why you want a family holiday.

5.2 Please tick (✓) all the reasons that apply and give a brief explanation

Reason	Tick (✓) all that apply and double tick (✓ ✓) the most important	Brief explanation
1. Lack of opportunity to spend time together as a family.		
2. Recently reunited / reconstituted family		
3. Recovering from recent trauma.		
4. Under pressure due to ill health and / or disability.		
5. Need a break from stressful living environment.		
6. Need a break from grind of daily life.		
7. Need a break from worries and stress.		
8. Limited experience of /or opportunity for fun.		
9. Any unforeseen special circumstances and / or extra expenditure which is causing a drain on the household budget.		
10. Other, please specify.		

A6. If the application is successful please tick (✓) your preferred months

6.1

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Nov	Oct	Dec
N/A	N/A										

* The school holiday periods are only available to families with children of school age.

6.2 A one week holiday period starts on a Saturday, check in not before 5pm.
Check out is on Friday no later than 1pm.

A7. Are you fully aware - please tick (✓) yes or no.

	Yes	No
Transport to holiday home is not provided by Share a little love.		
Are you aware that we do not provide any disabled facilities in the holiday home?		
Are you aware that Share a little Love will only be providing accommodation and that all other expenses must be met by yourselves or the agency referring you. This includes passes for the Haven Park facilities.		
The holiday home is non smoking		
No pets are allowed		
Whilst using the holiday home you must abide by all the Haven Holiday park rules. If you do not there is a possibility you will have to leave the park.		

A8. Information about your finances

Now turn to the separate financial sheet in Part C on page 8 and complete all the details necessary, remembering to enclose all documents requested.

A9. Declaration

Please tick (✓) to show that you have read the information and accept our terms and conditions. Please note that without this we cannot consider your application.

We have included details of all income and expenditure, including debts and credit commitments	
We have attached copies of recent pay slips, bank statements and/or other statements to verify expenditure	
We agree that all information given is correct	
We will notify Share a little love immediately, if for whatever reason we are unable to take up the holiday offer	

We have ticked all the boxes above to show that we have read and agree with the terms of any holiday awarded (please note that without your agreement we are unable to process the application).

Name	
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(Please print your name)

Signed	
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Date	
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A10. Helping Share a little love help others (please tick (✓) box if you agree)

10.1 From time to time we are approached by the media to talk about our work. We also like to take every opportunity to make others aware of the help that we provide. This will help raise the profile of our work and could help in assisting more families. We do not pass on your details without contacting you for consent. Would you be willing to be contacted to talk about your experience, either to a journalist or on TV or radio?

10.2 Would you be happy for us just to use your name and circumstances in press releases or on our website to help promote what we are doing?

Part B: Referring organisation / agency information

(To be completed by the agency)

A successful outcome for this family is dependent on your support and co-operation. Please only complete this section if you fully support this application and you are confident that the information supplied by the family is correct to the best of your knowledge, and that the family will take up the holiday.

B1.	Name of organisation	
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B2.	Your name	
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B3.	Position	
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B4. Address

Postcode

Telephone number (work)	
Mobile phone number	
Email	

Please tell us the best times and means to contact you

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B5. Financial contributions - please tick (✓) yes or no.

	Yes	No
If the family do not have their own transport or are unable to pay for public transport will your agency cover the costs?		
Haven Holiday Park passes - If the family are unable to purchase their own passes will your agency cover the costs?		

B6. Is there any other information you want us to consider when assessing this family's application for a holiday in addition to that provided by the family?

Empty response box for additional information.

Please continue on a separate sheet if necessary

B7. Agency declaration

Please read the following statement carefully and tick the boxes to show that you have read and understood the conditions of any holiday awarded.

	Tick
I declare that the above named family is being assisted by me and that the information given by the family is correct and complete to the best of my knowledge.	<input type="checkbox"/>
If the agency is purchasing the family's Haven holiday park passes these will be arranged and paid for at least a week in advance of the family's holiday.	<input type="checkbox"/>
I will ensure that the family receives all the relevant information sent to me by Share a little love in advance of their holiday.	<input type="checkbox"/>

I have ticked all the boxes above to show that I have read and understood the conditions.

Name	
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(Please print your name)

Signed	
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Date	
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Thank you very much for your information.

Please keep a copy for future reference and please send this application to:

Mrs Claire Fernando,
Share a little love,
Unit F1, The Enterprise Shopping Centre,
Station Parade,
Eastbourne,
East Sussex,
BN21 1BD.
www.sharealittlelove.co.uk

Part C: Information about your finances

(To be completed by family)

C.1 This information will not be passed to anyone outside Share a little love. Information is used and/or retained under the terms of the current Data Protection Act.

1.1

Income - Weekly / Fortnightly / Monthly	Expenditure - Weekly / Fortnightly / Monthly
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	Applicant £	Partner £		Amount
Take home pay - please enclose one month or 5 week pay slips			Mortgage /Rent	
Child maintenance			Second mortgage/secured Loan	
Retirement/Widow / other pension			Council tax	
Child Benefit			Water rates	
Income Support/ help with mortgage			Insurance e.g. building & contents/life/medical	
Statutory Sick Pay / Incapacity/other Benefit			Childcare	
Disability Living Allowance			Gas/Electricity/Other fuel	
Other - Please state			Telephone	
			Food/household	
			Total payments for credit , debts, loan etc.	
			Other - please state	
			Please enclose copies of current bank statement or bills to confirm expenditure	

Total				
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*Include documents showing debt & credit payments

1.2 How are tax credits paid? (please tick)

Pay packet

Bank/Building Society

1.3

Are there any unforeseen or special circumstances and/or extra expenditure which is causing a drain on the household budget? If yes, please describe