

Application form

The Patient's Details (BLOCK CAPITALS)

Title:	Name:
Address:	
Postcode:	
Email:	
Mobile:	
Phone:	

Referral (GP, Oncologist or Senior Nurse to complete this section)

Name:	
Position:	Telephone:
Date of referral: (must be completed when signing)	Signature:
Email:	

In future we would like to send you our annual newsletter and/or monthly email. If you are happy for us to do this please tick the appropriate box to show how we may contact you.

By e-mail

By post

No contact

We will never pass your details to a third party except to store it securely. We will never sell your data. If you change your mind and want us to stop contacting you, please write to the address or email (see overleaf). Please refer to our website to view our full privacy policy.

Application form – Continued

Please specify exact dates to assist us with the allocation process.
(refer to previous page for commencement of 3 or 4 night stays)

Filey

Yapham

Either (**not both**)

1st date choice:

2nd date choice:

Please tick if:

You have received one of our breaks before

You are interested in an earlier break should a cancellation become available

I understand that if my application is successful I am expected to pay a deposit of £100 by cheque or bank transfer to cover breakages. This can be returned to me after my stay unless I wish to donate it towards the upkeep of the property. I understand the holiday home is not a medical facility and I am responsible for providing any medication or medical equipment required during my stay.

Please note: This form is valid for 6 months from the date of the referral. Wheelchair users or anyone with mobility problems should call to discuss this before applying. To be eligible to apply for the holiday home you must be a patient of York and Scarborough Teaching Hospitals NHS Foundation Trust.

By signing below you acknowledge that you have read and understood the above statements.

Signed:

Date: