Make Them Smile
Children's Charity

Registered with FUNDRAISING REGULATOR
Registered Charity No:1150013

Tel: 0330 1330 870 • Email: trustees@makethemsmile.org.uk • Web: makethemsmile.org.uk

Family Holiday & Respite Break Application

Version 1.0

Welcome

Thank you for your interest in a Family Holiday or Respite Break through Make Them Smile Children's Trust.

We understand that caring for a child with a disability, additional needs or a serious medical condition can bring significant challenges. Our family holidays are designed to provide time away from the pressures of everyday life, allowing families to relax, recharge and create lasting memories together.

Every application is considered individually by our Trustees. We ask that you complete this form as fully as possible so that we can understand your family's circumstances and how a holiday may benefit your child.

If you require any assistance completing this application, please do not hesitate to contact us.
We will always be pleased to help.

Before You Begin

Before completing this application, please ensure you have the following available:

☐ Medical or professional supporting letter
☐ Three months' recent bank statements
☐ Proof of income or benefits (where applicable)
☐ Details of everyone travelling
☐ Preferred holiday dates

Please complete every section of this application.
If a question does not apply, simply write "N/A". All information provided will be treated in the strictest confidence and used only for the purpose of assessing your application.

SECTION 1 – Parent / Main Carer

Please complete this section with the details of the person responsible for making this application.

Applicant's Full Name

Home Address

Postcode

Home Telephone

Mobile Telephone

Email Address

Relationship to the Child

☐ Mother
☐ Father
☐ Guardian
☐ Grandparent
☐ Foster Carer
☐ Other (please specify)

Preferred Method of Contact

☐ Telephone
☐ Mobile
☐ Email

Emergency Contact
Name

Relationship to You

Telephone Number

Have you previously received a Family Holiday or Respite Break from Make Them Smile?

☐ Yes
☐ No

If **Yes**, approximately when?

How did you hear about Make Them Smile?

☐ Hospital
☐ Consultant
☐ GP
☐ Occupational Therapist
☐ Physiotherapist
☐ Social Worker
☐ Another Charity
☐ Internet / Website
☐ Social Media
☐ Friend or Family
☐ Other (please specify)

SECTION 2 – Child's Details

Please tell us about the child who will benefit from the holiday. This information helps our Trustees understand your child's needs and ensure we can provide suitable accommodation.

Child's Full Name

Date of Birth

Child's Home Address (if different from the applicant)

Medical Information
Please tell us about your child's diagnosis, medical condition(s) or additional needs.

Mobility
Please tick all that apply:
☐ Walks independently
☐ Uses a manual wheelchair
☐ Uses a powered wheelchair
☐ Uses walking aids
☐ Requires assistance transferring
☐ Hoist required
☐ Other (please specify)

Communication
Please tick all that apply:
☐ Verbal communication
☐ Non-verbal
☐ Uses an AAC device
☐ Uses Makaton
☐ Uses British Sign Language (BSL)
☐ Other communication method

Specialist Equipment
Will you be bringing any specialist equipment with you?
☐ Yes ☐ No
If Yes, please tell us what equipment you will be bringing.

Additional Information
Is there anything else about your child's needs that would help us prepare for your family's stay?

Assistance Dogs

Please note:

Some families are accompanied by registered assistance dogs. Whilst the accommodation is thoroughly cleaned between bookings, we cannot guarantee the complete removal of animal hair or dander. If your child has a severe allergy or medical condition that could be affected, please tell us below so that we can discuss this with you before confirming your booking.

Does your child have a severe allergy or medical condition that may be affected by the presence of animal hair or dander?

☐ Yes ☐ No

If Yes, please provide details.

SECTION 3 – About Your Family

This section helps our Trustees understand your family's circumstances and the difference a holiday could make. There are no right or wrong answers. Please provide as much information as you feel comfortable sharing.

Who will be staying in the holiday accommodation?
Please include every person who will be staying during your holiday.

Name	Relationship	Date of Birth

Has your family had a holiday or short break within the last 12 months?

☐ Yes ☐ No

If Yes, please tell us briefly.

Please tell us why you are applying for a Family Holiday or Respite Break.

How do you feel this holiday would benefit your child?

How do you feel this holiday would benefit your family?

Are there any circumstances affecting your family that you would like the Trustees to be aware of?

This could include caring responsibilities, hospital appointments, treatment programmes, family circumstances or any other information you feel would help us understand your application.

SECTION 4 – Holiday Requirements

Please tell us about your preferred holiday arrangements and any specific requirements your family may have. This information helps us allocate the most suitable accommodation where possible.

Preferred Holiday Location

☐ Haven Golden Sands, Mablethorpe

☐ Butlin's, Skegness

☐ Either Location

Preferred Holiday Dates

Please provide up to four preferred dates.

1st Choice

2nd Choice

3rd Choice

4th Choice

Preferred Length of Stay

☐ Monday – Friday

☐ Friday – Monday

☐ Monday – Monday

☐ Friday – Friday

☐ No Preference

Accessibility Requirements

Please tick any facilities your family will require.

☐ Wheelchair ramp

☐ Ceiling hoist

☐ Wet room

☐ Shower chair

☐ Wheelchair accessible accommodation

☐ Space for medical equipment

☐ Electric wheelchair charging

☐ Other (please specify)

Specialist Equipment

Will you be bringing any specialist equipment that we should be aware of?

☐ Yes ☐ No

If Yes, please provide details.

Assistance Dogs
Will you be bringing a registered assistance dog?

☐ Yes ☐ No

If Yes, please provide any additional information.

Additional Requirements
Is there anything else that would help us make your family's stay more comfortable?

SECTION 5 – Professional Supporting Information

Please provide the details of a professional who knows your child well and can support this application if required.

This may be your child's:
Consultant
Community Nurse
Occupational Therapist
Physiotherapist
Social Worker
Hospice Professional
Family Support Worker
School SENCO
Teacher
Other Healthcare or Education Professional

Professional's Name

Job Title

Organisation

Telephone Number

Email Address

How does this professional know your child?

Supporting Letter

Have you enclosed a supporting letter from the professional named above?

☐ Yes

☐ No

Permission to Contact

Do you give Make Them Smile Children's Trust permission to contact the professional named above if we require any further information regarding your application?

☐ Yes

☐ No

SECTION 6 – Financial Information

To help us ensure our Family Holidays and Respite Breaks are allocated fairly, we ask all applicants to provide a brief overview of their financial circumstances. All information is treated in the strictest confidence and is only used by the Trustees when considering your application.

Employment Status

Please tick all that apply.

☐ Employed Full-Time

☐ Employed Part-Time

☐ Self-Employed

☐ Unemployed

☐ Unable to Work

☐ Retired

☐ Other (please specify)

Does your household currently receive any of the following?
Please tick all that apply.
☐ Universal Credit
☐ Child Benefit
☐ Disability Living Allowance (DLA)
☐ Personal Independence Payment (PIP)
☐ Employment and Support Allowance (ESA)
☐ Carer's Allowance
☐ Pension Credit
☐ Other Benefits

Supporting Financial Information
Please confirm that you have enclosed the following:
☐ Three months' recent bank statements (all accounts)
☐ Proof of income and/or benefits (where applicable)

Is there anything you would like the Trustees to know about your current financial circumstances?
This may include recent changes to your income, exceptional expenses, or any other information you feel is relevant to your application.

SECTION 7 – Declaration

Please read the following carefully before signing this application.
I confirm that the information I have provided in this application is true and accurate to the best of my knowledge.
I understand that:
☐ Completing this application does not guarantee that a Family Holiday or Respite Break will be offered.
☐ All applications are considered individually by the Trustees of Make Them Smile Children's Trust.
☐ I may be asked to provide additional information or supporting documentation if required.

☐ I give permission for Make Them Smile Children's Trust to contact the professional named in this application should further information be required.
☐ I understand that my personal information will be processed in accordance with the charity's Privacy Policy and UK data protection legislation.

Applicant's Name

Signature

Date

SECTION 8 – Holiday Conditions

Please read the following carefully.

These conditions help us ensure that every family enjoys a safe and pleasant stay in our holiday accommodation.

By accepting a Family Holiday or Respite Break with Make Them Smile Children's Trust, you agree to the following conditions:

☐ I understand that a £100.00 refundable security bond is required before the start of my holiday.
☐ I understand that the holiday home must be vacated by 10:00 am on the day of departure unless otherwise agreed in writing.
☐ I agree to leave the holiday accommodation in a clean and tidy condition, with all furniture, equipment and contents returned to their original locations.
☐ I understand that I am responsible for reporting any damage or breakages as soon as reasonably possible during my stay.
☐ I understand that the cost of any damage, missing items or excessive cleaning may be deducted from the security bond where appropriate.
☐ I agree to return all keys, passes and any equipment provided before leaving the holiday accommodation.
☐ I understand that smoking or vaping is not permitted inside the holiday accommodation.
☐ I understand that only those people included on the booking confirmation may stay in the accommodation unless prior permission has been obtained from Make Them Smile Children's Trust.
☐ I understand that Make Them Smile Children's Trust reserves the right to cancel or withdraw a booking where these conditions are not complied with.