



Holiday Home Application Form

This application MUST be completed in full to be processed.

Full Name and Address of Parents/Guardians/Carer

Full Name. _____

Full Postal Address. _____

Postcode. _____ Tel No. _____

Email: _____

Full name of child with disability. _____

Date of birth _____

Full Postal Address (If different from above) _____

Full Name and Address of General Medical Practitioner:

Full Name and Address of Consultant Doctor or Hospital dealing with the claimant:

Note: The Charity reserves the right to submit details of your claim to your medical practitioners and to an independent medical practitioner for reference purposes. A letter of recommendation from your medical practitioner or consultant should be attached to the claim if possible.

Are you applying for Butlins or Haven?

Butlins

Haven



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

Please select **one** of the following:

3 Nights (Fri Sat Sun)

4 Nights (Mon Tue Wed Thu)

7 Nights (Mon Tue Wed Thu Fri Sat Sun)

Please choose preferred dates of your stay (Dates allocated on a first come, first served basis)

a. _____

b. _____

c. _____

How many people in your party?

How many Adults?

How many Children?

Children's age at time of visit?

Do you require any additional aids?

If yes, please provide details: _____

Additional information (if required): _____



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Please explain why using our holiday home would benefit your family:

PLEASE CONFIRM YOU HAVE READ OUR TERMS AND CONDITIONS (available to view here: www.makethemsmile.org.uk/holiday-home.html)

PLEASE CONFIRM YOU HAVE ATTACHED MEDICAL EVIDENCE

PLEASE CONFIRM YOU HAVE ATTACHED LAST 3 MONTHS BANK STATEMENTS

Signed _____ Date. _____