



### **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: 01724 761 144 ● Email: [rsadams@makethemsmile.org.uk](mailto:rsadams@makethemsmile.org.uk) ● Web: [makethemsmile.org.uk](http://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:

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