

## Better Breaks Application Form 2015

### Your Details

Your Name	
Your Address	
Your Postcode	
Your Home Telephone Number	
Your Mobile Number	
Your Email Address	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Telephone Number	

### Places Requested on Outing

Unless there are exceptional circumstances, **places will be limited to 2 adults and up to 4 children** (who are members of your family) per application, **one of whom must be a child or young person (up to 20 years)** with a disability or long term illness/condition for whom you are the parent or main carer.

While we hope that everyone will be able to obtain the places that they have requested, this may not be possible if demand for places is high. In this case, places will be allocated using a range of criteria (copies of which can be obtained from the Carers Centre on request). You will be contacted once places have been allocated.

Please provide information overleaf about places requested.

**Apart from you (named above), please give details below of who you would you like to book a place for:**

<b>Other Adult Name (if relevant)</b>	<b>Relation to You (eg partner, friend)</b>

**Please provide information below for each child you would like to book a place for, providing, where relevant, details of your child's condition:**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
Child's Name				
Age				
Date of Birth				
Relation to You (eg son, daughter, grandson)				
Condition/illness				
<b>For each child, please tick any relevant box(es) below to describe your child's condition</b>				
Physical Disability or Long Term Condition				
Learning Disability				
Autism				
Behaviour Disorder				
Sensory Impairment				
Other				
<b>For each child, please tick the relevant box(es) below if a high level of support is required in any area listed</b>				
Physical Environment				
Education				
Communication/Social Interaction				
Access to Social Activities				
Personal Care/Supervision/Vigilance				
Specialist Resources Required eg Information and Communications Technology				
Medical or Therapeutic Treatment and Condition Management				

## **Other Services/Support**

**In relation to your child's additional support needs, what help/support, if any, does your child receive from other services (for example, school, social work, other organisations)? Does anyone else help with the care of your child?**

What **formal** breaks do you get, who helps you to get a break, and how often? (for example, a sitter service, regular respite, help with holiday funding, etc)

What **informal** breaks or help with caring do you receive, and how often?  
(for example, help from neighbours or family)

Have you participated in any previous Better Breaks outings? If so, please give details:

## Arrangements for the Day

Will you require assistance with getting to the meeting point, for example, a taxi?

Will you require additional support with your children or any other member of your party on the day, for example, help with personal care, help with mobility, any support with equipment? Please give details

Please let us know about any specific food your child requires or any allergies any member of your party has

Please let us know about any access requirements or medical conditions that may affect your family on the outing

## Outings 2015

Please select the outing(s) you and your family would like to attend below. **Falkirk applicants should indicate their preferred date in the space provided; Tuesday 4<sup>th</sup> August or Thursday 6<sup>th</sup> August.**

Outing	Preferred Date	✓
Auchingarrich Wildlife Park, Comrie, August 2015		
Pantomime 'Little Mermaid', Macrobert Centre, Saturday 12 <sup>th</sup> December 2015		

### Your Signature and Consent to Share Photographs

Please read the statements below carefully and delete where asked to do so:

- I agree that I will remain responsible for the safety and wellbeing of my children during the outing(s)
- I agree to complete a short monitoring and evaluation form following each outing that can be used to provide anonymous information to Funders on the benefits to families of Better Breaks outings
- I do/do not agree (please delete as appropriate) to photographs of me and/or the other members of my family group being used in the following ways (please delete as appropriate): *Carers Centre Newsletter, Annual Report and Promotional Materials / Promotion of Better Breaks Fund by Funders / Local Press / Facebook/Twitter*
- I am authorized to give consent to share photographs on behalf of each child and family member listed above
- I would like to be added to the Carers Centre mailing list if I am not already registered (please delete as appropriate): YES/NO
- I confirm that all information provided is accurate

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed  
*Better Breaks Application Form* to:

Falkirk & Clackmannanshire Carers Centre  
Bank Chambers  
1A Bank Street  
FALKIRK  
FK1 1NB

OR post to our FREEPOST address:

Central Carers Association  
FREEPOST SC0167  
FALKIRK  
FK1 1BR

OR email to: [centre@centralcarers.org](mailto:centre@centralcarers.org)

The closing date for applications for Summer outing is Monday 20 July 2015 and for the Christmas Outing is Friday 4 September 2015. For further information or assistance in completing this form: Telephone: 01324 611510 or email: [rebeccaowler@centralcarers.co.uk](mailto:rebeccaowler@centralcarers.co.uk)

Principal Funders



**Short**  
breaks fund