

Hallie's Hideaway Application Form

For your stay request to be considered, please complete and return this application form, with full and accurate details. This form must be completed by the child's parent or legal guardian.

Parent Details	
Title:	Relationship to Child:
First Name:	Surname:
Email Address:	
Contact Number:	

Child Details	
First Name:	Surname:
Date of Birth:	M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Is your child a British Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address Line 1:	
Town:	County:
Post Code:	Date of Diagnosis:
Child's Diagnosis:	
Brief description of the impact that this medical condition has on your child's day-to-day life:	
Name of Hospital:	
Is your child currently undergoing treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, what date did your child finish treatment?	

This section is to be completed by a health professional involved in your child's care

Please read the following statements carefully and only complete this section if the named child meets the following criteria:

- Aged between 0-18 years old
- Lives in the UK and is a British Citizen
- Has a life threatening, life limiting or terminal illness
- Is about to start or is in the process of treatment, or is in the situation where no further treatment is available
- If treatment is already completed, the child may be eligible for a stay for 6 months post treatment end date
- Application must be endorsed by a healthcare professional involved in the child's care

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Please tick to confirm that you know the above named child and that to the best of your knowledge the details provided within the application form are correct.

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Please tick to confirm that the named child meets the above criteria.

Healthcare Professional Endorsement

Healthcare Professional Full Name:

Hospital Name:

Position:

Work Email Address:

Signature:

Other Information

Preferred dates for your stay with Hallie's Hideaway. Please note our stays run from Monday – Friday or Friday – Monday. We understand that you may not be able to stay for the whole period, but we will book the lodge to you for these days, to allow you the flexibility of arriving/departing according to your child's needs. Please note, these are preferred dates only. We will do our best to accommodate, but there is no guarantee that your preferred dates will be available.

Date preference 1:

Date preference 2:

Date preference 3:

How did you hear about Hallie's Hideaway?

Date of Application:

To help raise the profile of Hallie's Hideaway and allow us to reach and help more children and their families, would you be willing for Hallie's Hideaway to share stories and pictures of your stay with us to use for publicity material, including but not limited to, social media, newsletters, newspapers, flyers? This may include the use of photographs, videos and brief details of your stay for promotional use and to show donors how their donations are helping families. This may include your child's picture. Full names and contact details will under no circumstances ever be shared. Please note that you can withdraw your consent to publicity at any time if you wish by contacting us.

If you agree that Hallie's Hideaway can share your story, please provide your specific consent below.

I _____ (Full Name) hereby give my consent for Hallie's Hideaway to use photographs and/or video footage and brief details for promotional use.

Parent/Legal Guardians' Signature _____ Date _____

Hallie's Hideaway Terms and Conditions & Privacy Policy

1. The child who this is application is for meets Hallie's Hideaway criteria:
 - a. Aged between 0-18 years old
 - b. Lives in the UK and is a British Citizen
 - c. Has a life threatening, life limiting or terminal illness
 - d. Is about to start or is in the process of treatment, or is in the situation where no further treatment is available
 - e. The named child's parent or legal guardian must complete, sign and return the application form
 - f. Application must be endorsed by a healthcare professional involved in the child's care
 - g. If the child's treatment plan is finished, the child may be eligible for a stay for 6 months post treatment end date
 - h. Hallie's Hideaway does not consider if you have previously had a stay provided from another charity at another holiday home
 - i. Agreement of Hallie's Hideaway terms and conditions
2. Hallie's Hideaway respite homes are not equipped with any medical or mobility equipment.
3. We do not accept any responsibilities for medical or mobility requirements or issues.
4. Hallie's Hideaway does not provide holiday or medical insurance. You must ensure you have the required insurances before the start of your stay, and you have any medical permissions needed to travel.
5. If you are unable to attend your stay, please let Hallie's Hideaway know as soon as possible. You may be able to reschedule your stay to another date. There are no charges for cancelled or rescheduled stays.
6. For your data protection, all information you have provided will be stored securely by Hallie's Hideaway. Minimal information may be passed to the holiday home park reception, where you are staying, to allow them to know when and who is on site and for leisure passes. No information will never be passed on to any other third parties.
7. If you have previously stayed with Hallie's Hideaway, we can allow multiply stays as long as the criteria is meet, however we will prioritise a request of a child who has not stayed with us before. A separate application will need to be submitted in this instance.
8. The final decision on approving a stay application is decided by Hallie's Hideaway. If an application has been denied, Hallie's Hideaway will share the reasoning behind this.
9. For your privacy, your pictures and stories will only be shared if you have consented to this on the application form. You can opt out of this at any time by contacting Kimberley.wileman@hallieshideaway.co.uk.
10. All Hallie's Hideaway premisses' are strictly no smoking which must be always adhered to.
11. All Hallie's Hideaway premisses' are strictly no pets, except for assistance animals, which must be always adhered to.
12. You must comply with the holiday park rules and terms and conditions during your stay.
13. You must comply with the holiday park behaviour standards during your stay.
14. Any damage to the property, or its belongings, will be charged for. Any additional charges levied on the charity for your failure to abide by the T&C's of Hallie's Hideaway or the holiday park will also be charged.
15. The child named on the application must be in attendance during the stay.
16. Hallie's Hideaway provides use of our holiday home/s only, no cash alternative can be provided.
17. A completed application will be valid for 12 months from the date of application.

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Please tick if you agree to Hallie's Hideaway Terms and Conditions and Privacy Policy

Agreement
By signing this application, I confirm and agree I have read and understand all the above information and provided accurate details in all answers.
Parent/Legal Guardian Full Name:
Parent/Legal Guardian Signature:
Date:

Completion of Application Form

Once completed, please submit the application form to enquiries@hallieshideaway.co.uk for review. We will be in touch with you about your stay as soon as possible.

If your application is of a time sensitive nature, please call us on 07576609141.

Should you have any further questions, please do not hesitate to contact us on enquiries@hallieshideaway.co.uk or 07576609141.