



**Lennox Children's Cancer Fund**  
Registered Charity No. 1011325

# Respite Break Application Form

Child's Name

Lennox Children's Cancer Fund was established in 1992 to make a positive difference to the lives of children with cancer or leukaemia. This is achieved through projects that aim to provide relief to whole families.

Your completed form should be returned to:

**Respite Breaks**  
**Lennox Children's Cancer Fund**  
**7-13 High Street**  
**Romford**  
**Essex**  
**RM1 1JU**

Alternatively, you may email your form to:  
**[respitbreaks@lennoxccf.org.uk](mailto:respitbreaks@lennoxccf.org.uk)**

## All sections of this form must be completed or we will be unable to process your application.

Applications can be sent at any time but will not be considered until the allocation process begins in February of the year of the requested break. You should receive a response within four weeks of the allocation process.

By submitting an application, you are confirming that a respite break is suitable for the whole family at this time. Before starting the form, please consider the points below.

1. The child must have been diagnosed, or received active treatment for cancer, in the last 12 months.
2. If a guest has a physical disability, Lennox Children's Cancer Fund should be contacted before an application is made.
3. The family must be able to cope with the change in routine and environment that a Respite Break involves.
4. A respite break should not put the family under additional financial pressure. Whilst we can make a contribution towards expenses, families may spend more on a break than they would do at home.
5. If school term time dates are requested, we strongly recommend the school is approached to request time off in advance of making an application. If requested, we will write a supporting letter.

**For full criteria and information, please visit [www.lennoxccf.org.uk](http://www.lennoxccf.org.uk)**

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### Who Is Making This Application?

Full Name

Relationship to child

If you are not the parent/main carer of the child that this application is for, please give your contact information.

Organisation

Daytime Telephone

Mobile

Email

## About The Child

Please provide information about the child in need of a Respite Break.

Full Name

Date of Birth

Gender

Home Address

Postcode

## Diagnosis and Treatment

Diagnosis

Diagnosis Date

Relapse Date  
(if applicable)

On Active Treatment

Yes

No

If No, Date of Last  
Active Treatment

Hospital

## Treatment Contacts

Consultant Name

Consultant

Telephone

Support Worker Name

Support Worker Tel.

Support Worker  
Based At





## Emergency Contact

This person will only be contacted in the event of an emergency while you are away. Please give the name and daytime telephone number of someone who is easily contactable like a relative, friend or neighbour.

Name

Telephone

 

Relationship to Family

## Other Information

What travel method do you intend to use?

Have you ever received a Lennox Respite Break before?

Yes

No

If yes, when?

 

## Spending Grant

In addition to a Respite Break, Lennox Children's Cancer Fund may also be able to make a contribution of up to £200 towards your travel / spending money if it is needed.

We want families to enjoy themselves on holiday, are happy to provide expenses, and expect that most families will need them. However we also want to make sure we help as many families as possible so if you do not need financial help for your break, we will use the money to provide a Care Grant or spending grant for another family in need.

Would you like to be considered for a spending grant?

Yes

No

If yes, please provide your bank account details so that we can transfer this directly into your account 1-2 days before your check-in date.

Account Name/Holder

Account Number

Sort Code

## Why You Need A Break

Please tell us a little about your current circumstance and how your child's diagnosis has affected your family.

Please explain how a respite break will be beneficial to your family and what you expect to gain from it.

Please continue on another sheet if necessary and attach sheet to this form.

## Data Protection

Occasionally Lennox Children's Cancer Fund is approached by the media to talk about its work. This will raise Lennox Children's Cancer Fund's profile, which could help us assist more families. Would your family be willing to represent the charity either in a photograph, on radio, on TV or by talking to a journalist?

Yes  No **This will not affect the outcome of your application.**

In order for us to continue supporting families through our Respite Breaks project, it is important that we show the public how their money helps. We may choose to share your family's story, photos and videos. Please be assured that we will never pass your contact details to a third party. If you would prefer that we **do not** share your family's story, photos or videos, please let us know.

If you would like to send us photos or videos to go with your story, please email them to us at [respitbreaks@lennoxccf.org.uk](mailto:respitbreaks@lennoxccf.org.uk).

## Declaration

I declare that the information given on this form is correct and true to the best of my knowledge.

Signature  Date

Where did you hear about Lennox Children's Cancer Fund and our services?



**Lennox Children's Cancer Fund**

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