

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.

All sections of this form must be completed or we may not be able 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

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Who Is Making T	his Application?			
Full Name		Relationship to child		
If you are not the par	rent/main carer of the child th	at this application is for,	please give your contact	information.
Organisation				
Daytime Telephone		Mobile		
Email				

About The Child

Please provide informat	tion about the c	hild in nee	d of a	Respite Bre	ak.			
Full Name								
Date of Birth	/	/		Age		Gender		
Home Address								
Postcode								
Diagnosis and Trea	itment							
Diagnosis								
Diagnosis Date	/	/		Relapse D	ate (if	f applicable)	/	/
On Active Treatment	Yes	No If	f No, D	ate of Last	Active	e Treatment	/	/
Hospital		<u></u>						_
Please be aware that if	your child finish	ed treatm	ent mo	ore than 12	mont	hs ago, we w	vill not be ab	le to help.
Treatment Contact	:S			_				
Consultant Name	Consultant Telephone							
Support Worker Name				Suppo	rt Wo	rker Telepho	one	
Support Worker Based	At							
Parents and Sibling	ζS							
Main Parent or Carer - 7	This will be our i	main conta	act				•	
Full Name				Re	elatior	nship To Chile	d	
Daytime Telephone				Mobile	e			
Email								
Employment Situation								
Other Demant on Conon								
Other Parent or Carer							. ———	
Full Name					_	ship To Child	1	
Living With Child?	Yes	No Er	nployr	ment Situati	ion _			
Please give names and o	dates of birth			Full Name			Gender	Date of Birth
of siblings, and other ch	_			-un ivaine			Gender	Date of birth
at the same address as								
Continue on another sh	eet if needed.							

Holiday Home						
Both holiday homes are located at Shorefield Country Park, Milford on Sea. Please give your preference.						
Lodge (sleeps 6 + 2)		We are happy to stay at either				
Please note that neither holiday ho	ome is adapted for whe	elchair acces	S.			
Holiday Duration & Dates						
All holidays will begin on either a Friday or a Monday. You can request 3 nights (for Friday arrivals only), 4 nights (for Monday arrivals only) or 7 nights (for Monday or Friday arrivals). Please provide three choices of check-in date.						
Arrival Date 1		3 nights 4 nights			7 nights	
Arrival Date 2		3 nights 4 nigh		7 nights		
Arrival Date 3		3 nights 4 nights 7 night		ights		
National school holiday dates are in very high demand. We cannot guarantee your chosen dates but it will increase your chances of a successful application if you provide some dates outside of school holidays. Guests						
Please give details of all guests	Full Name	Po	Position In Family	Gender	Age	
going on the Respite Break, starting with the lead guest at						
the top.						
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.						
Full Name						
Telephone Relationship to Family						
Other Information						
What travel method do you intend to use?						
Have you received a Lennox Respit	e Break before?	'es No	o If yes, when?	1	/	

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. This is not available if you have received a Lennox Respite Break before.

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					
Sort Code Account Number					
Why You Need A Break					
Please explain how a respite break will be beneficial to your family and what you expect to gain from it.					

If needed, please continue on another sheet 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? This will not affect the outcome of your application. Yes 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. Please send us a photo or postcard from your holiday! We love seeing them and sharing them with our supporters. You can email photos to us at respitebreaks@lennoxccf.org.uk or you can post them on our Facebook page. Declaration I declare that the information given on this form is correct and true to the best of my knowledge. Signature Date

Where To Send Your Application

Your completed form should be returned to:

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

Respite Breaks

Lennox Children's Cancer Fund

First Floor

1-3 Western Road

Romford

Essex

RM1 3LD

Alternatively, you may email your form to:

respitebreaks@lennoxccf.org.uk

What Happens Next?

Respite Breaks are considered and allocated on the first Monday of February each year, or within two weeks if your application is received after 14th February. You will be contacted by telephone, email or post to confirm whether or not your application was successful.

