Holiday Booking Form

Please complete this form in full and return it with your 25% deposit to Morley Care Services Limited, The Wesley Centre, Blyth Road, Maltby, Rotherham, S66 8JD. Cheques should be made payable to Morley Care Services Limited. You must read the terms and conditions before booking your holiday. Please contact us on 01709 811171 if you have any questions.

1 Choose your holiday(s)	4 Please provide a brief description of disab	ilities	
Holiday			
Start date			
2 Holidaymaker details			
Name			
Date of birth	5 Personal care		
Address	Do you have any continence/bowl problems?	Yes	No
Post code	bathing/showering? Please be aware that many hotels have showers	Yes	No
Phone number	Do you require help to select appropriate clothing?	Yes	No
Email	Do you require support to get dressed?	Yes	No
Emergency contact name	Do you have any trouble sleeping?	Yes	No
Emergency contact number	Time of waking Time of going to be	d	
Doctor's NameSurgery Address	personal care, please can you provide details (in any other information we need to know)	ncludin	g
Surgery phone number			
NHS Number			
3 Details of person completing this form (if did from holidaymaker)	fferent 6 Mobility		
Full name			
Address	Do you need help to walk?	Yes	No
	Do you use a walking aid?	Yes	No
	Do you struggle to walk long distances?	Yes	No
	Do you need help to climb stairs?	Yes	No
Contact number	Do you need help to get in and out of/on and off transport of any kind?	Yes	No
Relationship to holidaymaker	Do you need help to get in and out of bed?	Yes	No
All communication should be sent to the holidayn or the alternative contact (please tick as appr	— If you can swim, do you need help in the	Yes	No

ou have answered yes to any of these questions about oblity, please can you provide details (including any ner information we need to know)		If you answered yes to any of these conditions, how can we support you?			
7 Other relevant information			Do you take regular or PRN (as and when required) medication?	Yes	No
Please tell us about any special dietary nee	eds:		If you answered yes, please provide full details of all medications on the back page, even if taken PRN		
			If you do take any form of medication, are you able to self-medicate?	Yes	No
Please tell us about any particular likes or	dislikes:		If you answered yes, our holiday staff assume tha able to safely keep hold of your medication and a at the prescribed times. No further action is requ you wish, you can provide details of your medicate back page for information purposes only.	idminist	ter it t if
Do you smoke Do you drink alcohol?	Yes	No	If you answered no, by signing the form you a consenting to holiday staff supporting you to administer your medication. You agree to suppurpose made dispenser wallet (e.g. NOMAD) clearly labelled. You understand that staff witable to support you if your medication is suppother format. You should seek advice from yo pharmacist in this situation. Please note that assist with prescribed medication but are not administer non-prescription drugs or give in	oply it i that is ill not b olied in ur it staff o t able to	s e any can o
If you answered yes, how much alcohol car consume per day?	n you safely		Are you able to safely look after your own medication?	Yes	No
8 Medical information			If you answered yes, you will be expected to safely your own medication and holiday staff will suppo		
Do you suffer from any of the following:			administer it.		
Epilepsy?	Yes	No	If you answered no, by signing this form you on holiday staff looking after your medication or		t to
Hypertension?	Yes	No	behalf.	1 your	
Diabetes?	Yes	No	Do you use a MAR chart when administering		
Heart condition?	Yes	No	medication?	Yes	No
Respiratory conditions?	Yes	No	If you answered yes, please provide a copy during holiday for staff to complete and return.	your your	
Allergies?	Yes	No	Can you take Paracetamol PRN (as and when		
Asthma?	Yes	No	required) whilst on holiday?	Yes	No
Dementia/Alzheimer?	Yes	No	Can you take anti-diarrhoea medication PRN (as and when required) whilst on holiday?	Yes	No

Please mention below any other information we know about your medical condition	e need t	0	Please provide any additional information you think we need to know to support your answers			
9 Risks			Insurance You need to send us a copy of your travel insurance at			
Do you require support with your finances?	Yes	No	least 28 days before you go on holiday, otherwise it may result in your holiday being cancelled. You may wish to			
Do you require support with road safety?	Yes	No	purchase insurance when your booking is confirmed, in the unfortunate event that you have to cancel your holiday.			
Do you require support with emotional wellbeing/behaviour?	Yes	No	Photography			
Are there any other risks we can support you with?	Yes	No	Holiday staff may take photographs during the holiday that may be used for publicity in the future. Please tick this box if you consent for us to do this.			
If you answered yes to any of the above, please details of how we can support you?	provide		Deposit Holidays are offered on a first come, first served basis and unfortunately cannot be verbally reserved in advance of payment. A completed booking form and 25% deposit will secure your place, assuming the holiday is suitable for your needs.			
10 Independence and supervision Are you able to go out unsupervised during the day?	Yes	 	Postage To avoid disappointment, please ensure you place sufficient postage on your envelope when returning any correspondence to us. Insufficient postage may result in your envelope being returned unopened or your booking being delayed.			
Are you able to meet at an appointed time and place if you have chosen to go out unsupervised?	Yes	No	Declaration By signing this form, you are confirming you have read, understood and accept our terms and conditions. You agree that you have disclosed full details of the support			
Are you able to go out unsupervised during the evening?	Yes	No	needs and that the information is correct and factual and that if any changes occur before the holiday you will			
Are you able to stay behind at the hotel during the day unsupervised (if you choose not to participate with the rest of the group)?	Yes	No	inform us immediately. You may sign this form on behalf of the holidaymaker and whoever signs the form is entering into a contract with			
Are you able to enjoy the hotel's evening entertainment unsupervised (if applicable)?	Yes	No	Morley Care Services Limited.			
Are you able to return to your room at night unsupervised?	Yes	No	Signed			
			Date			
			Please print name if signing on behalf of the holidaymaker			
			Relationship to holidaymaker			

Medication Chart

Please provide clear and comprehensive details of all your medication, even if it is medication that you take PRN (as and when required)

	Medication Name	Tablet or	Dosage	Time of 1st	Time of 2 nd	Time of 3 rd	Time of 4 th	Reason for taking medicine	Any additional information	
	& Strength	Liquid		Dose		dose	dose			
Α										
В										
С										
D										
Е										
F										
G										
Н										
I										
J										
K										
L										
M										

If you are not able to self-medicate and have consented to staff supporting you to administer and/or look after your medication, you agree to provide it in a purpose made dispenser wallet (e.g. NOMAD) along with a copy of your regular MAR chart. Staff will complete this when they have witnessed you taking your medication and will return it at the end of your holiday. Please advise us if you do not regularly use MAR charts in your setting.