

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)

Holiday(s)

Start date

2 Holidaymaker details

Name

Date of birth

Address

.....

Post code

Phone number

Email

Emergency contact name

Emergency contact number

Doctor's Name

Surgery Address

.....

Surgery phone number

NHS Number

(NOT National Insurance number)

3 Details of person completing this form (if different from holidaymaker)

Full name

Address

.....

.....

Contact number

Relationship to holidaymaker

4 Please provide a brief description of disabilities

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5 Personal care

Do you have any continence/bowl problems? Yes No

Do you require any assistance with bathing/showering? Yes No

Please be aware that many hotels have showers incorporated within the bath

Do you require help to select appropriate clothing? Yes No

Do you require support to get dressed? Yes No

Do you have any trouble sleeping? Yes No

Time of waking Time of going to bed

If you have answered yes to any of these questions about personal care, please can you provide details (including any other information we need to know)

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6 Mobility

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

Do you need help to get in and out of/on and off transport of any kind? Yes No

Do you need help to get in and out of bed? Yes No

If you can swim, do you need help in the water? Yes No

If you have answered yes to any of these questions about mobility, please can you provide details (including any other information we need to know)

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7 Other relevant information

Please tell us about any special dietary needs:

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Please tell us about any particular likes or dislikes:

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Do you smoke Yes No

Do you drink alcohol? Yes No

If you answered yes, how much alcohol can you safely consume per day?

8 Medical information

Do you suffer from any of the following:

Epilepsy? Yes No

Hypertension? Yes No

Diabetes? Yes No

Heart condition? Yes No

Respiratory conditions? Yes No

Allergies? Yes No

Asthma? Yes No

Dementia/Alzheimer? Yes No

If you answered yes to any of these conditions, how can we support you?

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Do you take any medication? Yes No
This includes regular or as-and-when medication

If you answered yes, please provide full details of all medications on the back page, even if taken as and when

If you do take any form of medication, are you able to self-medicate? Yes No

If you answered yes, our holiday staff assume that you are able to safely keep hold of your medication and administer it at the prescribed times. No further action is required but if you wish, you can provide details of your medication on the back page for information purposes only.

If you answered no, by signing the form you are consenting to holiday staff supporting you to administer your medication. You agree to supply it in a purpose made dispenser wallet (e.g. NOMAD) that is clearly labelled. You understand that staff will not be able to support you if your medication is supplied in any other format. You should seek advice from your pharmacist in this situation. Please note that staff can assist with prescribed medication but are not able to administer non-prescription drugs or give injections.

Are you able to safely look after your own medication? Yes No

If you answered yes, you will be expected to safely look after your own medication and holiday staff will support you to administer it.

If you answered no, by signing this form you consent to holiday staff looking after your medication on your behalf.

Do you use a MAR chart when administering medication? Yes No

If you answered yes, please provide a copy during your holiday for staff to complete and return.

Can you take Paracetamol PRN (as and when required) whilst on holiday? 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 need to know about your medical condition

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9 Risks

Do you require support with your finances? Yes No

Do you require support with road safety? Yes No

Do you require support with emotional wellbeing/behaviour? Yes No

Are there any other risks we can support you with? Yes No

If you answered yes to any of the above, please provide details of how we can support you?

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10 Independence and supervision

Are you able to go out unsupervised during the day? Yes No

Are you able to meet at an appointed time and place if you have chosen to go out unsupervised? Yes No

Are you able to go out unsupervised during the evening? Yes No

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

Are you able to enjoy the hotel's evening entertainment unsupervised (if applicable)? Yes No

Are you able to return to your room at night unsupervised? Yes No

Please provide any additional information you think we need to know to support your answers

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Insurance

You need to send us a copy of your travel insurance at least 28 days before you go on holiday, otherwise it may result in your holiday being cancelled. You may wish to purchase insurance when your booking is confirmed, in the unfortunate event that you have to cancel your holiday.

Photography

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.**

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.

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.

One to one support

We can provide 1:2:1 support to those who have additional support needs. We have the right to cancel your holiday before the start date or terminate your holiday whilst there if we are not able to adequately support you due to not having relevant information. Cancellation fees apply.

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 needs and that the information is correct and factual and that if any changes occur before the holiday you will inform us immediately.**

You may sign this form on behalf of the holidaymaker and whoever signs the form is entering into a contract with Morley Care Services Limited.

Signed

Date

Please print name if signing on behalf of the holidaymaker

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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 & Strength	Tablet or Liquid	Dosage	Time of 1st Dose	Time of 2nd dose	Time of 3rd dose	Time of 4th dose	Reason for taking medicine	Any additional information
A									
B									
C									
D									
E									
F									
G									
H									
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.