



Respite Break Grant Application Form

"RAY'S" SUNSHINE RESPITE HOME

1st Childs name:	D.O.B:	Disability:
2nd Childs name:	D.O.B:	Disability:
Lead Parent Name:		
Lead Parent Full Address:		
Total number of people staying at the Respite home: Ages: 1.....2.....3.....4.....5.....6..... Maximum 2 Adults (age 25 and over) and 4 children (under 16 at time of respite break)		
Landline Tel Number:	Mobile Contact Number:	
Email Address:		
Please explain why you are applying for a respite break: don't forget to enclose your supporting letter.		
How will your child/children benefit from a respite break?		
Please explain if your child/children need or have any special requirements:		
Have you applied for a grant from Crackerjacks before:	When?	
Please give details		
You will be required to supply documented proof to support your Grant Application for both disabled children (if applicable) either: Doctor, Clinic or NHT Trust. Please see declaration section (Page 3)		

BOOKING FORM: Information required for Crackerjacks & HRU.

Respite Breaks are available between:

Mon check in 15.00hrs until Fri 10.00hrs (4 Nights) or Fri check in 15.00hrs until Mon 10.00hrs (3 nights)

Please give two preferred dates below

Start date 1: **Start date 2:**

If your application is successful, we will try where possible to allocate your requested date, if we are unable to offer your requested date(s) then an alternative may be offered.

Please Indicate what forms of transport you will be used to arrive at the holiday park:

Train: Coach: Car: Friend: Other:

If arriving in a vehicle which will be parked on site during your stay, please give details:

Registration: Model: Make: Colour:

Estimated Time of Arrival:

Members who will be staying at Ray’s Sunshine Respite Home Maximum 2 adults (25 or over) and 4 children

No	Title	First Name	Surname	Age Years	Months
1					
2					
3					
4					
5					
6					

Facilities available at Respite home:

Facility	Yes	No	Comment	Facility	Yes	No	Comment
Car Parking		X	Next to Caravan	Bed Linen		X	
Pets		X	Strictly No Pets	High Chair		X	Available for hire
Towels		X		Travel Cot		X	Available for hire
Bed Guard	X		2 available	Wheelchair access	X		
Quilts	X		For all beds	Decking Veranda	X		
Quilt Covers		X		Wi-Fi	X	X	In certain areas free

Please note: where items are available to hire you will need to make direct contact with the holiday park to make arrangements. There will be a cost for this service please check with the holiday park Hire Service or alternatively you may wish to bring your own.

Holding Deposit & Terms and Conditions

You must attach a £100.00 Cheque with this application made payable to Crackerjacks Children’s Trust. This is made up of a £50.00 contribution towards running and cleaning costs (non-refundable) and £50.00 which will be fully refundable upon your departure from the respite home providing there are no damage, breakages or any extra cleaning required. The deposit will be refunded to your bank account or by cheque within 10 working days after your departure. Any alterations or adjustments made to this application once accepted, will be subject to an administration charge of £30 per adjustment. Whilst staying at the Respite Home you will be required to abide by the Terms and Conditions and rules of the holiday park (HRU) along with the Terms and Conditions/rules of “Ray’s” Sunshine Respite Home which can be found at the Respite Home and on our website www.crackerjacks.org.uk or attached to this document.

DECLARATION:

DEFINITION: Any reference to “Ray’s” Sunshine Respite Home throughout this Grant Application is classed as the property and ownership of Crackerjacks Children’s Trust. 24A Worcester Street, Kidderminster, Worcestershire, DY10 1ED. Charity Registration No: 1146586.

SUPPORTING DOCUMENTATION: Please supply supporting letters to your grant application form from a professional, such as: **(Doctor, Clinic or NHS Trust)** on your behalf explaining your child’s condition and how they would benefit by receiving a respite Break. **Please tick the two boxes to confirm:**

1/ I have enclosed a supporting letter from a professional MUST BE ORIGINALS

2/ I have signed and returned the Terms and Condition document. MUST BE ORIGINALS

I am the Lead Person for (Name of child/children)

To the best of my knowledge, all information I have provided on this application form is correct. Supplying false information may result in your application being rejected.

I have enclosed my cheque for £100.00 of Which £50 is a running cost contribution and £50.00 holding deposit, refundable after the respite break providing there are no breakages, damage or extra cleaning required. Your payment will be returned if the respite is not approved: Please tick box

Bank Details: Lloyds Bank - A/C No 28372368 sort code 30-94-70: **When paying directly into our bank account or via internet banking please quote RAYS/your child’s surname as the reference.**

Not supplying all of the required information will result in your application being rejected or delaying your respite break. PLEASE REMEMBER, ALL DOCUMENTS MUST BE ORIGINALS not photo copies, emailed or texed

By signing this declaration, you are agreeing to abide by all our Terms & Conditions, Rules & Regulations of HRU and “Ray’s” Sunshine Respite Home (Crackerjacks Children’s Trust)

NAMED (Lead Person)

SIGNATURE DATE.....

Send completed application along with signed Terms & Condition and Supporting Documents to:

GRANTS OFFICER,
CRACKERJACKS CHILDREN’S TRUST
24A WORCESTER STREET
KIDDERMINSTER
WORCESTERSHIRE
DY10 1ED

If you have an enquiry, all communication will only be accepted in writing to the above address or by email to grants@crackerjacks.org.uk

Upon receipt of all documentation, your Grant application should be answered within 10 working days. If you have had no reply within this time please email us: grants@crackerjacks.org.uk

OFFICIAL USE ONLY:

DATE OFFERED: _____ CONFIRMED WITH LEAD PARENT: _____

CONFIRMED WITH HRU: _____ NAME: _____

DATE OF CONFIRMATION: _____ HRU REFERENCE No: _____