



Application Form 2009

Please fill in both sides of this form in **BLOCK** capitals.

Please use a separate form for each child.

Name of child..... Name of Sponsor.....

Address..... Trust/Agency.....

..... Address.....

Post Code.....

Home Telephone..... Telephone number.....

Mobile Contact..... Emergency number.....

Date of birth/...../..... Age.....

Boy Girl

Can your child swim?

Yes Slightly No

School attended.....

School address.....

.....

Religious denomination.....

Has your child been on holiday with us before?

Yes No

Emergency Contact Number

We need a telephone number by which we can contact you during the holiday in case of an emergency – this can be your telephone or a friend's or a relative's number.

Telephone.....

Whose phone is this?.....

The holiday information for 2009 is as follows:

Monday 27th July – Saturday 1st August 2009

Castlewellan Castle, Castlewellan - **TICK ONE**

Age: 8 – 11

Are you applying for a Bursary Place?

Yes No

Travel Details

I would like my child to travel from: *(tick one point only)*

Coleraine Portadown

Ballymena Newry

Belfast

It is your responsibility to deliver your child to your travel point and collect from there at the end of the holiday.

If necessary, can you collect your child from the holiday centre at short notice?

Yes No

Passport details - Essential

In the space provided, please attach one recent passport sized colour photograph of your child.

Attach
Photograph
Here

Medical Information – Please complete as fully as possible.

1. Name and address of child’s doctor.....
2. Medical card number..... 3. Date of Last Tetanus Injection.....
4. Is your child allergic to anything (e.g. penicillin, elastoplast)
5. Does your child suffer from any of the following?
- | | | | |
|----------------------|----------|---------------------|----------|
| BEDWETTING | YES / NO | TRAVEL SICKNESS | YES / NO |
| HAYFEVER | YES / NO | EPILEPSY | YES / NO |
| ASTHMA | YES / NO | DIABETES | YES / NO |
| MIGRAINE / HEADACHES | YES / NO | ANYTHING ELSE | |
6. What medicine does your child take at the moment?
- State time and dose.....
7. Does your child have any special diet?
8. Does your child have a physical disability? YES / NO (if you answered “yes” please provide us with written details)

Additional Information THIS SECTION MUST BE COMPLETED OTHERWISE THE FORM WILL BE RETURNED

Please complete this section as fully as possible. Are there any other details we should know about your child so that we can look after them properly while on holiday e.g. family circumstances, particular dislikes etc. (attach separate note if necessary)

Medical Emergency – Parent’s / Legal Guardian’s Consent

Please sign the statement below an emergency should occur and we could contact you:-

I, the undersigned being parent or legal guardian of the child to whom this form applies, hereby authorise the Council of Child, through the Director of any holiday my child is attending, to consent on my behalf to an operation on my child, provided that the local medical opinion believes this to be necessary, and provided every effort to contact me has made and not been successful.

I have completed the form fully.

SIGNATURE: Date.....
(Parent or Legal Guardian)

Relationship to child.....

If you wish friends or relatives to go on the same holiday, please send forms in the same envelope. Further information about the holiday, including travel details will be sent to you within 14 days of applying.

Payment methods

Cheque: Please make cheques payable to Child.

BACS: Account name: CHILD
Bank: First Trust Bank
Address: 8 Donegall Square North, Belfast
Sort code: 93-86-55
Account number: 04713-276

Please return forms to:

Danielle Thompson,
31 Ridge Park
Lisburn,
BT28 3RU

Phone: 07783453131
E-mail: info@childni.org.uk
Application form is downloadable from www.childni.org.uk