

SECTION 1

Notes to the application. Please read this carefully before completing the form. Please feel free to contact Joanna Lees at info@csdisabledholidays.co.uk or 07450 676 183 with any questions.

CS Disabled Holidays (formerly known as the Cavendish Spencer Trust) provides financial help for holidays for people living in with severe physical disability due to neurological or neuromuscular disorders. We can help with the cost of accommodation and travel for the disabled person and accompanying person or carer if appropriate. Some priority is given to adults and those who require mechanical respiratory support.

CS Disabled Holidays are willing to fund up to 50% of the costs (to an absolute limit of £2,000) of a holiday of one or two weeks per year. It is anticipated that applicants will have also sought assistance from relevant statutory sources and disease-specific charities for the balance. We will not fund holidays retrospectively.

Our other conditions of support are:-

- a) that CS Disabled Holidays receives a copy of the receipted payment for the holiday/travel being funded
- b) that payments by CS Disabled Holidays cannot be transferred to a different person or holiday venue from those on the application form
- c) that CS Disabled Holidays funding is returned to CS Disabled Holidays if unused in whole or part or if the holiday is not taken. It is the applicant's responsibility to take insurance and to select a suitable holiday.
- d) that CS Disabled Holidays reserves the right to contact the professional individual supporting the application, to make enquiries only about this application. CS Disabled Holidays will always notify the individual applicant that it has been selected for checks.
- e) that CS Disabled Holidays receives written feedback about the holiday and how it affected the applicant. CS Disabled Holidays may use this feedback for promotional purposes, which may include the publication of this feedback.
- f) that CS Disabled Holiday *requests* the client to provide copies of any photographs that the client considers suitable, which CS Disabled Holiday may use to show the services that clients have enjoyed from the grants received.

Data Protection - The information on this form will be held in accordance with the General Data Protection Regulation 2018.

Privacy Notice. We care about your privacy. This Privacy Notice explains how we collect and use your personal data. Please read it carefully. If you have any questions about this Privacy Notice, or if you want to enforce your rights, please contact CS Disabled Holidays Ltd's Privacy Officer Joanna Lees at info@csdisabledholidays.com.

This section provides a brief summary. To find out more, please go to our website - www.csdisabledholidays.co.uk/privacynotice.

CS Disabled Holidays Ltd is a Charity based in England and Wales. Our Registered Address is Hunters, 9 New Square, Lincoln's Inn, London WC2A 3QN. Administration is conducted from 12 Cambria Street, London SW6 2EE and Financial Matters are managed from -The Grange, Folly Hill, Itchen Stoke, Alresford, Hampshire, SO24 9TF..

The controller of personal data collected through our Website and offline is CS Disabled Holidays Ltd. "**Personal data**" in this Privacy Notice has the same meaning as in the EU General Data Protection Regulation

2016/679/EU (GDPR). Essentially, it means information which is connected to a living individual who can be identified from that information, either by itself or when combined with other data likely to come into our possession. Personal data can include information collected by certain cookies or tracking technologies if it builds up a profile of you.

We collect and use personal data in order to carry out a business which provides Charitable services. Any other activities and processing which we carry out is to support this primary aim. You can find out more how we process the information we collect on our website under the section "What we Collect and How We Use It". Our purposes and lawful grounds for processing your personal data vary, depending on our relationship with you and on the activity in question. We will never sell your personal data.

We will only keep your personal data for as long as necessary to fulfil the purposes for which we collected and continue to process it, and to satisfy any legal, accounting or reporting requirements.

Where applicable we respect your data protection rights, including to request access, rectification, restriction, deletion or "porting" of your data, and to object to our use of your data, including for marketing. We do not make decisions about you based on electronic profiling. You also have the right to complain to the applicable data protection Supervisory Authority (see the "your rights" section under our Privacy Notice on our Websites), but please contact us first so that we can address your concerns.

The CS Disabled Holidays, its employees and volunteers, will keep your personal details and those of your spouse / partner / person you care for secure. The information given on this form will be used to consider your application for financial assistance. We may also use some of the information to help us review and plan our activities and services.

If you have given us information about another person, you confirm that the other person has appointed you to act on his/her behalf and has agreed that you can give consent on his/her behalf to the processing of his/her personal data.

Disclaimer - It is your responsibility to book directly with the holiday provider at your own risk, having satisfied yourself about the suitability of all arrangements, care and facilities. CS Disabled Holidays takes no responsibility and accepts no risk or liability for any contractual relationship entered into between you and the Provider. CS Disabled Holidays will not enter into or become a party to any disputes arising between you and the provider. It is your responsibility to arrange adequate insurance cover for the holiday.

I have understood the above terms including the Privacy Notice and I understand that further details are available from the website www.csdisabledholidays.co.uk, should I wish to read them. I, or my designated appointed person have completed sections 1, 2,3 5 and 6.....

Name of applicant:

Name of person completing this page (if not applicant)

If the person completing the form is not the applicant, please confirm that you have discussed in detail these terms and conditions including the Privacy Notice and the Named Applicant has confirmed that he/she has understood all of the above and has agreed to them.....

If the person completing the form is not the named applicant, please confirm your acceptance of the above terms



SECTION 2

Applicant's personal details

Family Name: First Name:

Title: Date of Birth:

Address.....

.....

.....

County:..... Post Code

Telephone (landline) Telephone (mobile).....

Email Address:

We like to stay in touch with applicants and keep them up to date with the Trusts activities with occasional mailings. If you would like to receive these, please tick here.....
If you ticked yes would you prefer them my post or email .

NOTE

If your application is successful we will send a cheque to the applicant at the address above. If payment is to be made to another person please state:

1. To who payment is to be made:

.....

2. Address if different from above:

.....

.....

..... (remember to include the postal code.)

3. Why this is necessary?

.....

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SECTION 3

Why? Sections 3 and 4 are provided to the Grants Committee so that they can decide which applicants are awarded grants. To maintain an applicants confidentiality, the Grants Committee are not aware of the applicants name, only the details provided in this section of the application. It is the Grant Administrator's duty to ensure that all the other conditions are fulfilled by the trust and by the applicant / client.

Eligibility

The main cause of my disability (diagnosis) is:

.....

Other Contributing Conditions are:

.....

Level of physical disability

Do you use a wheel chair?	Yes / No	Do you use a Ventilator	Yes / No
Manual	<input type="checkbox"/>	when? at night only	<input type="checkbox"/>
Power – Driven	<input type="checkbox"/>	night and day	<input type="checkbox"/>
Do you use a hoist?	Yes / No	Only when ill	<input type="checkbox"/>

Do you use any other mobility aids (please specify what they are)

.....

Please confirm if you need help with any of the following:

Eating: Washing: Bathing:
 Dressing: Night checks or turning: .. Toileting:

Do you need:
 PEG Feeding: Bladder Care: Bowel Care:
 Stoma Care: Tracheostomy care Pressure area care:
 Other special care: Please describe:

Please give us any further information which you feel is relevant to your eligibility and explain how a CS Disabled Holidays grant will benefit you and / or your carer.

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SECTION 4

We require independent medical / social worker confirmation of the eligibility information provided in Section 3 either by completion of this section and/or by a recent letter from the relevant professional involved in your care.

CS Disabled holidays may contact the independent professional for further information related specifically to your application. By providing the information below, or by requesting a professional to provide an independent letter, you are consenting to our contacting this professional directly. We will always provide a copy of any correspondence to the applicant.

When you have completed the form please ask a health professional or social worker involved in your care to complete IN FULL the section below. The post or email the form to **Joanna Lees, CS Disabled Holidays, Grants Administrator, 12 Cambria Street, London SW6 2EE** or info@csdisabledholidays.co.uk.

I,, confirm that the details in Section 3 of this form relating to the Applicant named in Section 1 and 2 are accurate to the best of my knowledge.

I,, know of no reason why this application should not be proceeded with.

Name: Position:

Professional role in respect of the applicant:

Please confirm that you have read the **Privacy Notice contained in Section 1** of this form and that you consent to its contents.....

Signature: Date:

Print Name: Contact Telephone Number:

Please confirm that you have read the Privacy Notice contained on Page 1 and 2 of this form and that you consent to its contents.....

Professional role in respect of the applicant:

.....

SECTION 5

Details about your proposed Holiday

Approximate date and duration of your holiday

Accompanying persons:

none place x if it applies
 or state how many

They will contribute to my care:

not at all place x if it applies
 partly
 all my care

I plan to go to:.....

With venue / organisation:

Address:

.....

.....

Telephone Email (if known).....

Website: Total Holiday Cost: £.....

Amount you are applying for from CS Disabled Holidays £.....

We require a copy of the receipted payment for the holiday cost to support the application.

SECTION 6 - DECLARATION

To the best of my knowledge, the information supplied in this application is correct. I have read, understood and accept the Data Protection statement above.

Signature:..... Please print your name

Date: Are you the applicant: Yes / no

If no, relationship to the applicant:

Telephone number if different to that above:

Address if different to that above:

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FINALLY

RETURN the whole form either by email or post to

Joanna Lees,
Grants Administrator
CS Disabled Holidays Ltd
12 Cambria Street
London
SW6 2EE

Email: info@cdisabledholidays.co.uk

CHECKLIST

1. Have you read the notes to the application, and ticked the check-box stating that you understand the conditions.
2. Have you checked and understood the Privacy Notice
3. Have you completed all Sections 1,2,3, 5 and 6.
4. Have you arranged for an independent health professional or social worker to complete section 4 or send a letter confirming the details in sections 2 and 3. Do they understand that CS Holidays may contact them about this application directly?
5. Have you included the details of your holiday including evidence of the cost

