



INDEPENDENT CONFIRMATION OF NEUROLOGICAL AND OR
NEUROMUSCULAR ILLNESS AND LEVEL OF DISABILITY

INSTRUCTIONS TO APPLICANTS

Page 2 of this form must be submitted to one of the individuals who are qualified to complete this form along with this page which has the instructions.

You will need to ask if they are prepared to complete this form to assist you in your application to us.

Some professionals will want to return the form directly to CS Disabled Holidays and we provide for that. Your chosen professional will need to tell you that they are returning directly to us and preferably when they have done that and we then provide you with 28 days to complete your application form including providing details of your proposed holiday.

INSTRUCTIONS TO THE INDIVIDUAL COMPLETING THIS FORM.

To the Medical Professional and or Registered Social Worker – Please complete all the details below, including your professional association and your Membership Number/ Social Worker Registration Details. (If you are not registered or do not belong to a Professional Association, you do not meet our criteria). Please return the completed signed and dated form back to the applicant who will need to scan it and attach it to their online application.

If you would prefer to return the form direct to CS Disabled Holidays please email to info@csdisabledholidays.co.uk and let the individual know. I will hold onto the form for 28 days waiting for the completed application form from the individual applicant.

CS Disabled Holidays would like to thank you for aiding the individual and us in our application process.



INDEPENDENT CONFIRMATION OF NEUROLOGICAL OR NEUROMUSCULAR ILLNESS AND LEVEL OF DISABILITY FORM

Name:

Details of Illness on which the application is based:.....

.....
Is making an application to CS Disabled Holidays for a financial grant towards a holidays / respite care on the basis that they are **severely physically disabled due to a neurological or neuromuscular illness**.

To the Medical Professional / Registered Social Worker – Please complete all the details below, including your professional association and your Membership Number/ Social Worker Registration Details (If you are not registered / do not belong to a Professional Association, you do not meet our criteria). Please return the completed signed and dated form back to the applicant who will need to scan it and attach it to their online application.

I, confirm that I am involved in the treatment of the above named individual and the details are accurate to the best of my knowledge.

Does the applicant use a wheelchair?	Yes / No	Does the Applicant use a Ventilator.....	Yes / No
Is the applicant non-ambulatory	Yes / No	Please note we do not include CPAP machines for Sleep Apnea	
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 the applicant require any other mobility aids (please specify what they are):

Please confirm if the applicant needs help with any of the following:

Eating: <input type="checkbox"/>	Washing: <input type="checkbox"/>	Bathing: <input type="checkbox"/>
Dressing: <input type="checkbox"/>	Night checks or turning: <input type="checkbox"/>	Toileting:..... <input type="checkbox"/>
Do the applicant need:		
PEG Feeding:..... <input type="checkbox"/>	Bladder Care:..... <input type="checkbox"/>	Bowel Care:..... <input type="checkbox"/>
Stoma Care: <input type="checkbox"/>	Tracheostomy care..... <input type="checkbox"/>	Pressure area care: <input type="checkbox"/>
Other special care: <input type="checkbox"/>	Please describe:.....	

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

Name: Position:

Professional Association to which you belong:.....

Membership Number / Registration Number:

Professional role in respect of the applicant:

Signature: Date:

Contact Telephone Number:.....

Contact Email:.....

By signing this form you are deemed to have agreed to the Privacy and GDPR Policy which can be found on our website – www.CSDisabledHolidays.co.uk

Any Relevant Comments you wish to make