independent confirmation of neurological / neuromuscular illness

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.

We require either an **independent medical Professional** (GP, Practice Nurse, Physiotherapist, Occupational Therapist) or **a registered social worker** (Social Work England, Social Care Wales, Ireland Social Care Council and Scottish Social Services Councilto confirm of the eligibility information provided above.

CS Disabled holidays may contact the independent professional for further information related specifically to your application.

**To the Applicant:** By providing the information below, you are consenting to our contacting this professional directly.

**To the Medical Professional / Registered Social Worker** – Please complete all the details below, including your professional association / 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 / photograph it and attach it to their online application.

I, ………………………………………………… confirm that the details are accurate to the best of my knowledge.

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:

Print Name: Contact Telephone Number:

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](http://www.CSDisabledHolidays.co.uk)

Any Relevant Comments you wish to make