



Short Break Request Form

Allowing you to get the time out that you need whilst making precious memories!

Full Name *

First Name

Last Name

Contact Number *

Please enter a valid phone number.

Email Address *

example@example.com

Address *

Street Address

Street Address Line 2

Town/city

County

Post Code

How did you find out about Harry's Pals? *

How old is your child with the illness or disability? *

What is your child's diagnosis? or if your child doesn't yet have a diagnosis please describe their symptoms or health concerns as best as you can *

When did you receive this diagnosis? *

Why are you applying for a break away? How would this benefit your family? Some ideas to consider: What difference would a short break make to you and your family at this time? *

Can you tell me about any accessibility needs? For example do you need a profiling bed, hoists etc? *

How far can you travel? *

Are there any dates in which you cannot go? *

Who would you take? Please write all names including ages of children. *

Is self-funding for your required support not an option? Can you explain why this isn't possible at this time? *

Would you be happy to share your feedback/photos to help us raise awareness of our services and to fundraise to help more families? *

Yes

No

Yes but anonymously

Are you happy for us to share your information with holiday providers and counsellors or therapists so that we can get you the right support? *

Yes

No

Is there anything else that you would like to tell us or that we should consider?