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| 6 | Please mention any medication which you are currently taking: |
| 7 | <p>Have you ever experienced problems due to use of alcohol or other drugs? YES/NO If yes, please provide details:</p> |
| 8 | <p>Do you have any special needs? YES/NO If yes, please indicate who has the special needs, and what they are:</p> |
| 9 | <p><i>During this holiday you will come in contact with other families and holidaymakers. Because of this we are asking some questions of a personal nature that will help us assess your holiday request further.</i></p> <ul style="list-style-type: none"> • Has your conduct, or the conduct of anyone in your immediate family group included on this application form ever caused or been likely to cause significant harm to a child or young person under the age of 18, or put a child or young person at risk of significant harm? YES/NO <p>Have you, or anyone in your immediate family group included on this application form:</p> <ul style="list-style-type: none"> • Have you ever been convicted of a criminal offence? YES/NO If YES, please give details. (Declaration subject to the Rehabilitation of Offenders Act 1974). • Have you ever been cautioned by the police or bound over to keep the peace? YES/NO • Have you ever been subject to an ASBO? YES/NO (If YES, please give details and dates: (Attach additional sheet if necessary)) |
| 10 | <p>If this application is being completed by a parent/carer for a child, please YES/NO Indicate whether the child is or has ever been the subject of a 'Child Protection Plan':</p> <p>If yes, please indicate whether they are currently the subject of a 'Child Protection Plan', or when they have been in the past: (Attach additional sheet if necessary)</p> |

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| 11 | Is there anything else you would like us to know, as we consider this application? |
| 12 | <p>Referring agents: If Mothers' Union can, potentially, offer you a holiday, your application may need to be supported by someone who knows you in a professional capacity, such as your GP, any other health professional, a social worker, a member of the clergy, a head teacher, etc. They will be asked to read through this form, and to complete a separate form confirming their endorsement of your application. Mothers' Union may contact your referring agent to seek clarification of any aspects of the application.</p> <p>Please indicate their name, profession and contact details (including telephone number) below:</p> |
| 13 | <p>Data Protection:</p> <p>Under the General Data Protection Regulations 2018, Mothers' Union in the Diocese of Coventry need your agreement to hold the information you have supplied:</p> <ul style="list-style-type: none"> • To copy <u>in its entirety</u> (including answers to questions 9-10) to whoever will act as a referring agent for you/your family • For use in connection with our charitable purposes (Please note that if you answer 'yes' in response to questions 9-10 the information will be treated confidentially by those involved in administering Away From It All holidays. All information received is stored under secure conditions). • To pass on contact details and any other necessary information required to booking agents/holiday venue. <p><i>The General Data Protection Regulations 2018 indicates that information should be kept for no longer than is necessary. In the context of AFIA holidays it is advisable for the records to be kept for six years, after which they will be disposed of as confidential data. (If the paperwork includes for example references to any serious incidents or notes of additional assessments that were undertaken, further advice would be sought before the records are destroyed).</i></p> |
| 14 | <p>Please sign here below, to confirm that:</p> <ul style="list-style-type: none"> • To the best of your knowledge, the information you have supplied is true and complete. Any false statements may cause sufficient cause for not being selected for the holiday. • You give your consent to the information you have supplied being used in the ways indicated. • You, on behalf of all applicants within your family group named on this form, agree to the Booking Conditions for Away From It All holidays, sent to you with this application form. <p>Your signature: _____ Date: _____</p> |
| 15 | Please indicate here the number (if any) of additional sheets you have attached to this application form: |

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Please note: Mothers' Union is not able to meet all requests, and sadly, not all applicants will be offered a holiday. As soon as a decision has been made about this holiday request, it will be communicated to the responsible adult who completed the main application form.

This completed application should be returned to:

**024 7652 1350 during office hours (Monday and Wednesday
10am-2pm)**

Email: mucovafia@hotmail.com or mu.cov@CovCofE.org

Please return this completed booking form to:

**Mothers' Union
c/o AFIA
1 Hill Top
Coventry
CV1 5AB**

Updated June 2018