



Charitable Incorporated Organisation No. 1155175



Application For A Grant Towards The Cost of Your Holiday

IMPORTANT INFORMATION:

To allow us to process your application in a timely manner, please complete all sections in full.

- In order to assess an application for a grant, you **must**
 1. Be a permanent resident in Devon
 2. Have a disability or life affecting illness or be applying on behalf of someone who does
 3. Provide documentary evidence of travel insurance for adequate cover in respect of the relevant disability or illness
 4. Complete and return a **Personal Data Consent Form** (available from our website)
 5. Supplement your application with a full description, including costs and dates of your requested trip/holiday, together with **two** travel agent estimates (or equivalent).
- Dream-A-Way receives a large number of applications and is unable to support them all in full, although we will do our best. Please be aware that our funds are limited and amounts available at any time vary. We may not be able to offer all applicants the same support, and in some cases we may not, unfortunately, be able to offer any financial support.
- A member of Dream-A-Way may visit you prior to the committee making a decision about your application. This will only be by prior appointment at a date and time agreed with you.



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Section 1:

Please Enter the Details of the Person with the Disability / Illness (the Applicant)

Surname:		Forenames:	
Date of birth:		Email:	
Telephone (Daytime):		Telephone (Evening) :	
Current address:			
City:		County:	Postcode:
Preferred Method of Communication: Email <input type="checkbox"/> Telephone (Day) <input type="checkbox"/> Telephone (Evening) <input type="checkbox"/>			
Details of medical conditions and/or disabilities:			
Please provide details of all current medication:			
I hereby authorise a Dream-A-Way representative to contact my GP (where Dream-A-Way deem necessary) and I give my consent for the GP to confirm the information provided above.			
Signed:			
Name of GP:			
Surgery Telephone Number:			
Are you in receipt of Disability Living Allowance or PIP ? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please note you do not need to be in receipt of DLA or PIP in order to qualify for Dream-A-Way funding)			



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Section 2:

Details of the Person Completing this Form (if different from section 1):

Surname:

Forename:

Email Address:

Telephone:

Relationship to the applicant

I will be attending the trip/holiday with the applicant

I will not be attending the trip/holiday with the applicant

Section 3

Details of Accompanying Carer (if different from section 2):

Surname:

Forename:

Email Address:

Telephone:

Relationship to the applicant :

Section 4

List of all persons travelling with you

Name	Date of Birth	Relationship to Applicant



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Section 5

Supplementary Information

Your application must be accompanied by a minimum of two quotes for the holiday of your choice. Failure to do so will result in a delay assessing your application

Have you attached two quotes? YES NO

Have you received a previous holiday grant from Dream-A-Way? YES NO

If so, what date was it?

When was your last holiday (not funded by a Dream-A-Way grant)?

Where did you go?

Please tell us how you heard about Dream-A-Way?

Dream-A-Way may not be able to fund the full cost of your holiday. If we are unable to fund the full cost, how will you fund the rest of your holiday?

Have you applied to any other charities/organisations for a grant towards this trip/holiday?
YES NO

(If you have answered yes, please provide details)



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Section 6

Referee/Sponsor Details

To enable us to process your application promptly, please provide details of a professional person who is able to confirm the information you have provided in this application. This person may be contacted to verify the information provided, and their response could be used to support the overall outcome of our decision.

Your Referee/Sponsor should be a Care or Support Worker, your GP or other professional you have known for two years or more, such as a Police Officer, Teacher, Nurse, etc. You may not include any person who is, or is deemed to be a member of your family or someone who may benefit from any grant awarded by Dream-A-Way.

You must ensure that the person you state below is fully aware of your application and that Dream-A-Way may contact them to confirm some or all of the information provided within this application. You should obtain their permission to be contacted before completing this section.

Surname:

Forenames:

Company/Organisation:

Position within Company/Organisation:

Address:

City:

County:

Postcode:

Email:

Telephone:

IMPORTANT

PLEASE READ FULLY BEFORE SIGNING THIS FORM

Dream-A-Way has limited funds and we may not always be able to offer support to all applications. Each application will be considered on its own merits and in accordance with our criteria. If sufficient funds are available we may offer some or all of the amount requested.

If successful in your application, Dream-A-Way will provide you with a grant which, in most cases, will be payable to the travel company facilitating your holiday.

Should you, or any of your party, require medical assistance or help returning home whilst on holiday, Dream-A-Way will not be responsible for its provision or cost. **It is MANDATORY that you purchase your own travel and medical insurance to cover all people travelling.**

Your grant will be valid for a period for 12 months from the date Dream-A-Way confirms the success of your application..



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Section 7

Declaration

I would like to be considered for a grant towards the above trip/holiday. I understand that if accepted the application may be subject to a Police and/or DBS check*, but that I will be informed before this takes place. If appropriate I agree to provide the necessary information for this check. I understand that failure to complete or disclose all relevant information could disqualify me from this and any future applications.

(* These checks are carried out where necessary assist with the protection of any child or vulnerable person)

I agree to comply with Dream-A-Way policies and to take all reasonable care when on a holiday funded in part or full by Dream-A-Way.

I understand that all insurance costs for myself and all members of my group MUST be paid for in full by me or my group. I understand that Dream-A-Way will not be responsible for any insurance or similar costs for my trip/holiday including, but not limited to, medical care, evacuation or repatriation.

I confirm that if I am applying for the grant on behalf of a person with an illness and/or disability, they are fully aware of this application and they are in full agreement with the terms laid out herein.

I understand that if this application is submitted with insufficient information it could result in delays with the grant decision.

I understand that failure to disclose any relevant information or providing false information may lead to the refusal or revocation of the grant.

I understand that information contained in this application will be retained by Dream-A-Way and that I can apply for a copy of relevant personal information stored by Dream-A-Way.

I understand that this application WILL NOT be considered unless I also attach a signed Personal Data Consent Form.

By signing below, I confirm that I have read and agreed to all statements in this declaration and that all information provided is full and accurate to the best of my knowledge.

Signed:

Name:

Date:



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Section 8

Returning of Forms

**RETURN THIS FORM WITH FULL DETAILS OF THE GRANT APPLICATION
AND A MINIMUM OF TWO QUOTES TO:**

**Tony JOHNSON (Dream-A-Way),
The Old Ironmongers, Coles Lane,
Kingskerswell, Newton Abbot TQ12 5BQ**

Applications are considered by the Dream-A-Way Committee at meetings that takes place approximately every 6 weeks.

You will be informed of the outcome following the next available meeting.

You may request an update to your application if you have not received either further communication or an application decision within 6 weeks of your application.

If you wish to receive an update, please write to the above address.

All data provided and stored is subject to the General Data Protection Regulations
2018