

# REUBEN'S RETREAT L1 SUPPORT FORM

A place to relax, recharge, remember and rebuild...



Founded in 2012, Reuben's Retreat was borne of one families devastating grief and a need to help other families facing challenging and tragic circumstances. We support families of children with life-limiting or life threatening conditions and families who have lost their precious child or sibling. We can also provide mini breaks or day trips for families to create cherished memories as well as support opportunities including 1-1 counselling with a qualified and experienced Counsellor, holistic and well-being activities.

This form is designed for families of a child with life-limiting/life-threatening illness or disability to apply for a day trip or break through Reuben's Retreat.

Lead passenger name:			
Address & postcode:			
Daytime contact no.:			
Evening contact no.:			
Mobile no.:			
Email address:			
Date of birth (dd/mm/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
How would you prefer us to contact you?			
<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text message <input type="checkbox"/> Post			

Child's full name:		Date of birth:	
Have you had a diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Awaiting	Gender:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
What essential equipment will you need to take with you to support your child's care? (Wheelchair, oxygen etc.):			

We require a referral letter confirming details of your child's illness or disability and that they are fit for travel. Please provide the details of your GP Doctor for us to seek this referral:			
GP's name:			
Medical practice/surgery name:			
Address & postcode:			
Contact telephone no.:		Email:	

Are you looking for a day trip or break?	<input type="checkbox"/> Daytrip <input type="checkbox"/> Break
Can you drive to your UK break?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far are you prepared to drive?	____miles or kilometres (delete as appropriate)
Can you travel at weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel outside of school holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your 3 preferred dates of travel? (we will try our very best to accommodate requested dates but sadly cannot guarantee availability)	
1.	
2.	
3.	

Please list each person who will attend the day trip or break:			
Full name	Date of birth	Relationship to the child	Mobility/accessibility needs
1.			
2.			
3.			
4.			
5.			
6.			

### Important Information

Please note that Reuben's Retreat does not act as a travel company or tour operator and terms & conditions of the accommodation supplier can be provided on request. Reuben's Retreat can facilitate some breaks at our premises in Glossop (currently undergoing extensive renovations) as well as using third party accommodation which is paid for by the charity's own funds, or that has been kindly donated to us for use by our beneficiaries. Families are advised to purchase suitable travel insurance for their break to cover all eventualities.

We understand that cancellations may be inevitable, however we ask that you give as much notice as possible if you are unable to travel so we can try to re-allocate the break to another family or to minimise the travel provider's cancellation charge to us.

### General Data Protection Regulations

The personal information you provide will be kept secure and only used by senior personnel to support the delivery of our charitable activities. Reuben's Retreat may be required to share some of the non-identifying information where relevant and appropriate to the bodies responsible for regulating and/or funding Reuben's Retreat. You can ask for your personal information to be removed from our records at any time however there are limitations on this, such as where we must retain the data for legal or regulatory purposes).

### What happens next?

Once we have received your completed form and accompanying referral letter we will contact you to discuss your requirements in more detail and explore the trip or break options available for your family. If you have any queries regarding completing this form or the next steps, please contact us on 01457 680 023.

Please return your completed form to:

Nicola Graham,  
Reuben's Retreat,  
Park Crescent,  
Glossop SK13 7BQ

Alternatively you can email the form to [support@reubensretreat.org](mailto:support@reubensretreat.org)

FOR OFFICIAL USE ONLY			
Date form received:		Date referral received:	
Internal reference:		Logged by:	
Supplier 1 code:		Date booked:	
Supplier 1 reference:		Cost:	
Date of trip/break:		Duration:	
Supplier 2 code:		Date booked:	
Supplier 2 reference:		Cost:	
Date of trip/break:		Duration:	
Notes:			

# EQUALITY & DIVERSITY MONITORING



Reuben's Retreat recognises the benefits of a diverse community of beneficiaries, volunteers, staff and supporters, and we are committed to being an inclusive organisation where everyone is treated with respect, dignity and where there is equal opportunity for all. Whilst we ask you complete the following information you are not obliged to do so and any answers you do provide will be treated anonymous and stored confidentially and securely.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rather not say				
Age:	<input type="checkbox"/> Under 25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> 66 or over	<input type="checkbox"/> Rather not say
Please state what you consider your ethnic origin to be: <i>Ethnicity is distinct from nationality and the categories below are based on the 2001 Census</i>							
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other _____					
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other _____						
<input type="checkbox"/> White & black Caribbean	<input type="checkbox"/> White & black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other _____				
<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Rather not say							
Faith: <i>Which group below do you most identify with?</i>							
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish				
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Rather not say	<input type="checkbox"/> Other _____				
Do you consider yourself to have a disability?: <i>The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities.</i>							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say							
Would you consider yourself to be:							
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Rather not say			
Are you currently:							
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-time parent or carer	<input type="checkbox"/> Retired	<input type="checkbox"/> Student/Adult student	<input type="checkbox"/> Rather not say		
How many children (aged 16 or under) do you have living in your household?:							
What are the first 3 digits of your postcode?:							

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