



### **Guidance for completing this form**

This form is to be completed by the person nominating the beneficiary for a respite break to stay at Matt's Respite Retreats caravan in Haven Park, Weymouth Bay. The person nominating must be either a Medical Professional for example a Doctor or Occupational Therapist with appropriate seniority in the organisation or with appropriate seniority within a relevant Charity who deals with Beneficiaries affected by cancer.

**Criteria:** The nominated beneficiary must:

1. **have been diagnosed with cancer and undergoing treatment or has received treatment within the last six months or the beneficiary is terminally ill with cancer**
2. **and is living in Dorset, Wiltshire, Somerset and Bath and North East Somerset**

### **Location:**

Weymouth Bay, Caravan Park, Haven, DT3 6BQ. 2.5 miles from central Weymouth. Own transport is preferable but there is a bus stop outside the park gates.

### **Accommodation:**

There are two bedrooms and two bathrooms and a communal living area with kitchen and lounge, all centrally heated. Sleeping is for four with an additional pull out in the lounge for two persons. There is a no smoking and no pets allowed policy.

### **Access:**

The caravan is situated on a flat area within the Haven Park. There is a parking space next to the caravan. The access to the caravan is via two sets of steps with a supporting hand-rail. The beneficiary must be able to go up and down these steps. The caravan is not adapted for wheelchair users.

There are no age restrictions for the beneficiary, however if they are under 18 years of age an appropriate adult (parent, guardian or carer) must be present for the duration of the stay.

The offer is for one stay of usually up to 4 nights.

### **To book**

Please complete and post the form below to Matt's Respite Retreats with requested dates.

Donations are always welcome and the suggested donation is £50. This is voluntary and your stay is not dependent on you paying. If you wish to pay you can do so by using the 'donate' button on our website or FB page. Please follow this link to the website: <http://www.mattsrespiteretreats.org.uk/support/>

### **Cancellations:**

The self-catering respite must be taken on the agreed date. There are multiple bookings for the caravan so once booked Matt's Respite Retreats may not be able to change the date.

Matt's Respite Retreats is providing a respite break for people living with cancer. Matt's Respite Retreats does not provide any medical care whilst the beneficiary is staying in the caravan. The beneficiary and their carers must ensure they have appropriate measures in place e.g. bringing their own medicine required for the duration of the stay. The nearest GP surgery and hospital is located in Weymouth.

## **Nomination form for a break at Matt's Respite Retreats – Weymouth Bay Haven**

### Your Information

Matt's Respite Retreats (the organisation) collects personal information when a respite stay at the caravan is requested. Matt's Respite Retreats will use the information in order to provide the service that is required. Matt's Respite Retreats will not share personal information with any other third parties for marketing purposes. Matt's Respite Retreats will store the information securely and will securely dispose of the paper form, one month after the beneficiary has had the respite break, unless there is a dispute or issue which requires the information to be held until resolved. Matt's Respite Retreats will hold the beneficiary name, address and date of stay in an electronic database for a period of 6 years following the date of the stay for monitoring purposes. This is so Matt's Respite Retreats can limit beneficiaries experiencing multiple stays at the respite. After 6 years from the date of the stay the personal details will be removed from the database.

Beneficiary Full Name

Full name or parent(s), carer(s), guardian(s) (if beneficiary is under 16 years of age)

Address of Beneficiary

Postcode

Contact Number

Email

Please list all people who will stay, up to a maximum of 6

Suggested Date/s for stay & Unavailable Date/s known:

### **Details of person and organisation nominating**

Full name:

Organisation Name:

Organisation Address:

Organisation Contact number:

Email:

### **Declaration by Nominee**

I confirm that the above beneficiary I am nominating fits both criteria in the guidance and the personal details can be passed to Matt's Respite Retreats in order that they can arrange a respite stay for the beneficiary as mentioned above.

Does the beneficiary have the code DS1500? Yes  No

Signature of Nominee

Date

### **Declaration by Beneficiary**

I confirm that in order to have this respite I am happy for Matt's Respite Retreats to contact me via the methods mentioned above. I am able/ the beneficiary is able to walk up two sets of steps and undertake a respite break.

Signature of Beneficiary

Date

(or parent/carer or guardian if beneficiary is under 16 years of age)

Please return nomination form by post to Matt's Respite Retreats, Fir Tree Business Park, High Road, Galhampton BA22 7BH