

Membership checked  Staff Initials .....



T. 01254 244980

E. [respite@nwpmf.org](mailto:respite@nwpmf.org)

W. [www.thebenfund.co.uk](http://www.thebenfund.co.uk)

# Respite & Recovery Application Form

## PERSONAL DETAILS

Name: (including middle names):

Date of birth:

Collar No.:

Force:

Email:

Telephone no.:

NI No.:

Address:

Postcode:

## CRITERIA

Bereavement of close family member, dependents (Please state connection if relationship falls outside of this)

Life threatening/changing illness

Acute injury or acute medical condition

Terminal Illness

Diagnosed acute mental illness

Other

## TERMS

Respite & Recovery breaks must be booked no more than 12 weeks in advance. The Ben Fund will hold a reserve list for any cancellations.

In normal circumstances, only one Respite & Recovery break in any two-year period with Parkdean or Pure Leisure, and two stays in a 12-month period at St Michael's Lodge, including designated family weekends. However, all applications will be considered on their individual circumstances.

All appeals via the Health and Wellbeing Director, who will arrange for two Trustees from a different force to the member to review the case.

All applications will be assessed at The Ben Fund weekly triage meeting, applicant will be informed within seven days of the meeting. Member will be informed if further information is required.

**RATIONALE** (Please provide any medical notes you have, to support your application)

Please attach triage forms to this

Return email address: [respite@nwpmf.org](mailto:respite@nwpmf.org)

Return postal address: Respite Administration, The Ben Fund, St. Michael's Lodge, Northcote Road, Langho, Lancashire, BB6 8BG  
Registered Charity No. 503045

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WHAT MEDICAL TREATMENT ARE YOU RECEIVING?

HOW LONG HAVE YOU BEEN RECEIVING TREATMENT FOR THIS CONCERN?

HOW CAN RESPITE & RECOVERY ASSIST YOU?

PREVIOUS RESPITE & RECOVERY BREAK DETAILS: (I.E DATE AND SITE)

Please attach triage forms to this

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## SIGNATURE

I can confirm I am a member of The Ben Fund:

Signature (Handwritten):

Date:

If successful, I consent to my details being shared with a third party organisation in relation to the booking of my break. Please tick the box if you consent.

**For office use only.**

**To be completed by The Ben Fund administration.**

Has criteria been met?:

Please attach triage forms to this

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