

Membership checked ☐ Staff Initials



T. 01254 244980

E. respite@nwpgbf.org

W. 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

1. All applications will be assessed by the Clinical Services Manager, applicant will be informed within seven days of the meeting.
2. All appeals via the Clinical Services Manager, who will arrange for two Trustees from a separate force to the member to review the case.
3. Member will be informed if further information is required.
4. In normal circumstances, one Respite & Recovery break in any two-year period with Parkdean or Pure Leisure. However, all applications will be considered on their individual circumstances.
5. Respite & Recovery breaks must be booked no more than 12 weeks in advance.
6. Where a booking isn't made within the 12 week time frame, The Ben Fund will follow up once, then the application will be closed.
7. The Ben Fund will hold a reserve list for any cancellations.

Please attach triage forms to this

Return email address: respite@nwpgbf.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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RATIONALE (Please provide any medical notes you have, to support your application)

WHAT MEDICAL TREATMENT ARE YOU RECEIVING?

HOW LONG HAVE YOU BEEN RECEIVING TREATMENT FOR THIS CONCERN?

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HOW CAN RESPITE & RECOVERY ASSIST YOU?

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

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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?:

☐

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