Application Form

- This form must be completed by a **Healthcare or Social Care professional**. Patients and relatives **cannot** complete this form.
- Please ensure consent has been obtained from the patient/relative for the application to be made and the sharing of their data with Archie's Caravan.
- The personal information and medical details on this form will only be used by Archie's Caravan for the use of processing this application and Haven to register arrival and activities. We will not disclose this information to other organisations.
- Please see final page for full GDPR information.

Submitting Completed Forms

Post completed forms to:
Archie's Caravan
14 Earlsmere Drive
Morley
Leeds
LS27 9RP

Or email them to:
hello@archiescaravan.co.uk

Patient Details

Title: _____ First Name: _____ Surname: _____

DOB: __ / __ / __

Address:_____

_____

Postcode: _____

Parent/Carer details

Title: _____ First Name: _____ Surname: _____

DOB: __ / __ / __ Email Address: _____

Telephone Number: _____ Relationship: _____

Address (if different to above): _____

Postcode: _____

Declaration: I confirm that the information provided is correct to the best of my knowledge.

Applicant details (health or social care professional)

Title: _____ First Name: _____ Surname: _____

Email Address: _____ Telephone Number: _____

Job Title: _____ Work Address: _____

Postcode: _____ Sign: _____ Date: _____

Declaration: I confirm that the information provided is correct to the best of my knowledge.
Note: We cannot process an application if this section is not completed.

Medical Details

1. Does the above named person have a cancer diagnosis? Please circle: YES / NO
2. Diagnosis: _____
3. Date of Diagnosis: ___ / ___ / ___ Is the patient aware? Please circle: YES / NO
4. Current or previous treatment (Surgery, Radiotherapy, Chemotherapy)
   _____
   _____
   _____
5. Hospital Consultant: _____
6. Hospital where patient is receiving treatment: _____
7. GP. Including the address and contact:

Telephone Number: _____

Name: _____

Address: _____ Postcode: _____

8. Please confirm written confirmation from a medical professional claiming the patient's cancer diagnosis. Applicants are applicable from diagnosis up until 12 months post treatment.

Guidance notes completing the form

Section 1 - Patient details

Consent for the use of personal data and for the application of the grant must be obtained from the patient. If a patient is unable to give consent, i.e. they are a minor, then a parent or someone with power of attorney for the patient should give consent.

Section 2 - Applicant details

Archies Caravan does not accept referrals directly from patients or relatives.
Applications must be completed and signed by a healthcare or social care professional such as a Clinical nurse specialist, Social worker, a therapist, hospital doctor, a community nurse or a GP.

Section 3 - Medical report

The medical report enables Archie's Caravan to award places as per medical criteria. The medical information will only be used by the grant application panel.

Important Information & Data Protection Notice

Who can complete this form:

This form must be completed by a qualified Healthcare or Social Care professional. Patients and relatives cannot complete this form directly.

Consent and Legal Basis for Processing:

By completing this form, you confirm that you have obtained the patient's (or their authorized relative's) explicit, freely given, and documented consent to share their personal and medical details with Archie's Caravan.

Under the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, we process this information under Article 6(1)(a) (Consent) and Article 9(2)(a) (Explicit Consent) for the processing of special category health data.

How we use and share this data:

The personal information and medical details provided on this form will be used strictly by Archie's Caravan and our trusted partner, Haven, solely for the purposes of evaluating this application, registering holiday arrivals, and organizing adapted activities. We will never disclose, share, or sell this information to any other third-party organizations unless required to do so by law.

Data Retention & Security:

All data collected will be stored securely using appropriate technical and organizational measures. We will only retain this personal data for as long as necessary to fulfill the holiday application and reservation process, after which it will be securely destroyed in line with our Data Retention Policy.

Your Rights:

The data subject (the patient) has the right to withdraw their consent at any time, request access to their data, request rectification of inaccuracies, or request the erasure of their data. To exercise these rights, or to read our full Privacy Notice, please visit www.archiescaravan.co.uk.