



Help 4 Holiday Scheme

Name of applicant

Address

Email

Contact telephone
number

If you are not the patient
please state your
relationship to the patient

What grant are you applying for (please tick)

Travel insurance Medical equipment or aids for travel

Have you obtained a recent quotation? YES NO

If yes, please attach quotation

Have you already paid for the travel
insurance or medical equipment? YES NO

If yes, please attach receipt or proof of payment

The total amount of claim £

Please explain why
medical equipment or
aids are required and
what they are?



Help 4 Holiday Scheme (continued)

What are your bank details?

Account name

Sort code

Account number

Signature of applicant

Date

Remember if anything is missing we will be unable to proceed with your application further.

Terms & conditions

We can only provide a grant for the travel insurance premium for the patient and if you have obtained insurance or had a quotation for a family or group policy, we will need to know the additional cost for the patient, which is the amount that we will pay or reimburse. In addition, we can only provide a grant for travel within the current year that the application has been made in. Grants cannot be back dated to previous years.

The Maximim grant is £1000 per annum.

If your child is on long term oxygen requirement we may request that you purchase equipment to cover you for more than one trip. For short term requirement we would normally suggest renting equipment.

All equipment shall remain the property of CDH UK, with the exception of rented equipment and must not be sold or disposed of without our prior permission.

CDH UK shall not be held liable for any claims or responsibility whatsoever arising from any shortfall, revocation, cancellation or voiding of insurance and it is up to the applicant/insured to ensure that policies obtained are fit for purpose and adequate for the individual and cover the length of travel. Neither shall it be liable for any claims or responsibility arising from incorrect equipment supplied, failure of equipment, incorrect usage or otherwise.

We shall pay the insurer or supplier directly where the applicant has obtained a quotation but not paid. If the cost has been paid by the applicant CDH UK will require satisfactory evidence of payment before reimbursement.

All applications are granted at the discretion of the CDH UK committee and it reserves the right to refuse any application that does not satisfy criteria. Fraudulent claims will be reported to the relevant authorities and may lead to prosecution.

Please complete this form in full and return to CDH UK.
Please note that all of the information provided will be treated with the strictest confidence and will comply with the GDPR 2018.



We are asking for this information to allow us to make an informed decision about your application. We may need to share this information with others involved in the care of the patient in order to obtain this information. This form and its data will be stored securely for application purposes and for paying the grant to the applicant. It will then be stored for accounting and auditing purposes for a maximum of 6 years, after which it will be safely disposed. By signing this form you are agreeing to the retaining of this information for a maximum of 6 years after which we will write to you to request your permission to store it for longer if needed. This information will not be used for marketing purposes or any other purpose other than that which is stated.

I have read the above statement and understand that I can email committee@cdhuk.org.uk anytime to request that my details are removed from any records - please tick the box to confirm.

By signing below I agree to the statement relating to my personal data.

Signature:

Please send the completed form to:
The Committee, CDH UK,
C/O The Denes, Lynn Road Tilney All Saints,
Kings Lynn, Norfolk PE34 4RT
Email: committee@cdhuk.org.uk



FOR OFFICIAL
USE ONLY

Application approved in full YES NO

If no please state how much has been agreed by the Committee:

Reason for partial funding:

Reason for rejecting or refusing the application:

Date at approval: Signed by committee member or trustee

Remember if anything is missing we will be unable to proceed with your application further.

CDH UK is a registered Charity in England & Wales (no.1106065) and registered in Scotland (no.SC042410)
Registered address: The Denes, Lynn Road, Tilney All Saints, Kings Lynn, Norfolk, PE34 4RT. Freephone: 0800 731 6991

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