

## Reason for requesting a holiday

Please give clear reasons why this family should be chosen from the many applications we receive



## HOLIDAY APPLICATION FORM



**Signed**

**Form completed by (please print)**

**Name**

**Position**

**Address**

**Telephone**

**Email**

This form should be completed and returned with a £30 refundable deposit  
(Cheques payable to "Mothers' Union Diocese of Oxford")  
to:

AFIA

The Mothers' Union  
Church Mission Society  
Oxford OX4 6BZ

**Family Name**

**Address**

**Postcode**

Full Name of Adults		Ages/ Title
Full Name of Children	Age and Date of Birth	Relationship to Adult

**In what capacity do you know the family?**

(Please circle appropriate description)

Clergy                      GP                      Social Worker

Health Visitor                      Sponsoring Agent

Other (*please state*)

**How long have you known the family and their circumstances?**

**When did the family last have a holiday?**

**If yes was it through the Mothers' Union or another charity?**

**Please give any preferred dates?** (Family holidays with school age children will not be booked during term time).

**Please give details of any special requirements due to health or other problems.** (e.g. Epilepsy, diet, disabilities, behavioural difficulties, bed wetting)

Please note that the Mothers' Union does NOT pay travel expenses. It is the responsibility of the referring agent to ensure that these are covered prior to making an application.