**Respite & Recovery Application Form**

Please note that you will not be eligible to access this service if you have received a Respite & Recovery break within the past 3 years.

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| **PERSONAL INFORMATION (all fields are mandatory)** | |  |
| Surname: | Forenames: | |
| Address: | Contact number: | |
|  | Email address: | |
| Postcode: | D.O.B.: | |
| Force (if retired, previous force): | Collar number: | |
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| **RESPITE & RECOVERY CRITERIA (please tick which apply)** | |  |
| Bereavement of a close family member, dependent within the past 12 months (Please state connection if relationship falls outside of this) | | |
| Life threatening/changing illness diagnosed within the past 12 months | | |
| Acute injury or medical condition | | |
| Terminal illness | | |
| Diagnosed acute mental illness | | |
| Have not accessed a respite break within the past 3 years | | |
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| **TERMS** | |  |
| 1. All applications will be assessed by the Clinical Services Manager, applicant will be informed within 7 to 10 working days of the decision. 2. Member will be informed if further information is required. 3. One Respite & Recovery break in any 3-year period with our partner holiday company. 4. Respite & Recovery breaks are limited to two adults and under-18 dependents. 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. | | |

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| **PLEASE PROVIDE DETAILS TO DEMONSTRATE YOU MEET THE CRITERIA YOU SELECTED** | | | |
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| **HOW CAN RESPITE & RECOVERY ASSIST YOU?** | | | |
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| **CURRENT WORK STATUS** | | | |
| Please indicate which of the following applies to the applicant | | | |
| Currently in work | Recuperative duties | Restricted duties | Sick leave |

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| **SIGNATURE AND DECLARATION** | |
| I can confirm I am a member of The Ben Fund | |
| Personal information which you supply to us may be used in several different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.  The Ben Fund is committed to protecting your privacy and security. Whenever you provide personal information, we will treat that information in accordance with UK Data Protection legislation and Internet best practice. Further details can be found in our Privacy Policy which can be found on our website at: <https://www.thebenfund.co.uk/privacy-policy>.  I understand that all personal information on this form will be confidential to the professional and administrative staff of The Ben Fund and no personal information or clinical reports will be shared without my express consent unless required by law.  I agree to The Ben Fund contacting me using the details I have provided.  If successful, I consent to my details being shared with a third-party organisation in relation to the booking of my break. | |
| Signature (Handwritten): | Date: |
| **For office use only. To be completed by The Ben Fund administration.** | |
| Has criteria been met? | |