



PEAK HOLIDAYMAKER APPLICATION FORM 2004

PEAK holds a database of information about the people who use our services. This helps us plan and improve what we do. **By completing this application form you consent to PEAK holding the enclosed information on our database.** This is confidential, secure and for **PEAK**, National Asthma Campaign and Asthma Enterprise Limited use only.

SECTION 1 - PERSONAL DETAILS

Holiday Applicant

First Name Surname
 Date of Birth Age at time of holiday yrs mths
 Sex

Parent/Guardian

Title Surname..... Forename
 Address.....

 Postcode Daytime Telephone No:
 E-mail address

How did you hear about
 PEAK?.....

Is this his/her first PEAK holiday? Yes / No
 If no, please state how many PEAK holidays he/she has been on

SECTION 2 - HOLIDAY DETAILS

HOLIDAY CHOICE	HOLIDAY DATE	CENTRE
1 st		
2 nd		

Why do you think you and your child/children will particularly benefit from a PEAK holiday:

.....

PLEASE COMPLETE SECTION 3 AND THE MEDICAL SECTION (SECTION 4) ON THE ADDITIONAL PAGE

Section 3: 2004 Payment Plan

The cost of a **PEAK** holiday is dependent on each child's parent or carer's ability to pay. Please indicate on the form below how much you are able to pay towards the cost of the holiday.

This cost is exclusive of pocket money and travel to and from the holiday.

Method 1 You are able to pay above £150.
PEAK will invoice you on confirmation of a holiday place. You may chose to pay by instalments.

Please indicate the amount you are able to pay: (£.....) between £150 & £350

Method 2 The National Asthma Campaign has a limited amount of money available to further subsidise a **PEAK** holiday below £150 for any child who has been unable to obtain any other source of funding for their holiday. Please answer the following.

Does your family receive income support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your family receive disability living allowance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you receive any other financial assistance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide details

.....

Please indicate the amount you are able to pay: (£.....) between £150 and £15

Financial Assistance As well as the National Asthma Campaign, local education authorities, social services, charitable groups and organisations may also have funds available to help pay for all, or part, of the holiday costs.

If you would like a copy of the **PEAK** factsheet offering ideas on financial assistance from the above organisations please tick this box

Please use the space below for any further information that you think is relevant to your application

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Thank you for filling in this form, please sign below and return to: **Patrick Ladbury, PEAK Manager, Providence House, Providence Place, London N1 0NT**

Date..... Parent/Guardian Signature.....

If you have any questions, please don't hesitate to call Patrick Ladbury on 020 7704 5892

Section 4 - Medical Details

This information will be used to assess your child's **PEAK** holiday application and help supervise your child's treatment on the holiday. Please complete the applicable asthma and/or eczema criteria section and the further medical information section overleaf.

Name of holiday maker

Asthma Criteria

Who normally treats your child's asthma:(please circle)

GP Practice Nurse Hospital Specialist

How would you describe your child's asthma (please circle) : Mild Moderate Severe

Please state the treatment that your child is taking by completing the table below

Treatment	Tick Box	Strength	No of doses/puffs	Time of Treatment				When needed
				8am	12pm	4pm	8pm	
Reliever Treatment								
Eg Salbutamol (Ventolin)								
Terbutaline (Bricanyl)								
Preventer Treatment								
<i>Inhaled Steroids</i>								
Beclomethsone (Becotide)								
Budesonide (Pulmicort)								
Fluicasone (Flixotide)								
<i>Long-acting reliever</i>								
Salmeterol (Serevent)								
Eformeterol (Oxis)								
<i>preventer tablets</i>								
Zafirlukast (Accolate)								
Montelukast (Singulair)								
<i>combined treatments</i>								
Seretide								
Symbicort								
<i>Theophylline tablets or syrup</i>								
Slo-Phyllin, Nuelin								
<i>Oral Steroid Tablets</i>								
Prednesol or Prednisolone								
<i>Any Other (please give details)</i>								
.....								
.....								
.....								

In the last 12 months how many times has your child been given a steroid tablet course?

.....

For the last course, Please tell us how many tablets and, for how many days?

.....

Eczema Criteria

Who normally treats your child's eczema:(please circle)

GP Practice Nurse Hospital Specialist

How would you describe your child's eczema (please circle): Mild Moderate Severe

Please state the treatment that your child is taking by completing the table below

Treatments Please Give Names	Tick Box	Strength	Part of the body	Time of Treatment				When needed
				8am	12pm	4pm	8pm	
Moisturisers (Emoillients)								
Ointments/Creams								
Bathoils								
Soap Substitutes								
Other								
Steroid treatments								
Ointments/creams								
Anti-biotic Treatments ointments/creams (eg Fucidin)								
Bandages (wetwraps/paste)								
Antihistamines (eg Vallergran)								
<i>Any Other (please give details)</i>								

Other Medical Information

Does your child have any special dietary requirements?

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.....

Is your child allergic to anything other than the foods stated above?

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Are there any other medical information or problems that **PEAK** needs to be aware of?

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Thank you for completing the PEAK application form.