

HOLIDAYS FOR HEROES JERSEY

A charity whose aim is to provide holidays in the Island of Jersey for past or present service personnel, with injuries in mind or body attributable to their service.

HOLIDAY APPLICATION FORM 2019 VERSION (READ IN CONJUNCTION WITH PRIVACY POLICY ON WEBSITE)

Surname (as it appears on photo I/D)		Rank (If applicable)	
First Name	I Known as: I		
Partner/Carer's Name, As on Photo ID			
ADDRESS			
Are you subject to a Notification Order? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of birth		Tel No	Home: Mob:
Email			
Past/Current Service Details			
Nature of disability / illness & theatre where sustained			
Hero's T-Shirt size	Small	Med	Large XL XXL XXXL
Partner/Carer's T-Shirt size	Small	Med	Large XL XXL XXXL
Children's T – Shirts	Age or Size please		
Are you on any medication Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so please bring sufficient with you			
Wheelchair use Yes <input type="checkbox"/> No <input type="checkbox"/>			
Guide dog Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other mobility problems			
Dates of holiday, to be agreed	1 st Choice From		To
	2 nd Choice From		To
Room requirement	Double Room	Family Room	Twin Room 2 x Single Room 1 x Single Room
Office use only:			

Hero's children's names and ages, only up to 16 years	
Name of next of kin	
Telephone No. (civilian)	Home: _____ Mob: _____

IMPORTANT Holiday and Travel Details

Our offer includes hotel accommodation at minimum half board, hotel transfers and flight/ferry costs. If flying, we include an economy flight and one "In hold bag/case" per person.

We will advise you how to arrange your own flight or ferry as soon as we confirm your holiday date.
Travel costs are refunded on arrival in Jersey.

THE HOLIDAY OFFER WILL BE WITHDRAWN IF YOUR TRAVEL ARRANGEMENTS ARE NOT BOOKED AND PAID IN FULL BY THE DATE AGREED WITH US.

N.B. It is essential you arrange your own travel insurance, as we do not cover these costs and you need the protection.

Applicants Signature and date	
(a) I confirm that all details are correct at this time and I will notify H4HJ of any change. (b) I hereby consent to the processing of the Data on the form by H4HJ and acknowledge I have had access to Privacy Policy.	

IMPORTANT

This part must be completed by your Nominator before the Form is sent to us.

We rely on the Nominator to ensure that the service and injury details are correct and the nominee is appropriate for one of our holidays	
Association/Welfare Officer	
Name	
Telephone (civilian)	
Email	
Signature & Date	
	DUE TO HIGH DEMAND FROM FIRST-TIME HOLIDAY REQUESTS, PLEASE ENSURE THAT THIS APPLICANT HAS NOT ALREADY HAD A HOLIDAY WITH US.

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