

# 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 2020 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:<br>I             |                             |   |
| Partner/Carer's Name, As on Photo ID   |                              |                             |   |
| ADDRESS  |                              |                             |   |
|  |                              |                             |   |
| Are you subject to a Notification Order? (travel restrictions)                      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 Polo Shirt size   | Small                        | Med                         | Large   XL   XXL   XXXL   4XL                 |
| Partner/Carer's Polo Shirt size  | Small                        | Med                         | Large   XL   XXL   XXXL   4XL                 |
| Children's T – Shirts  | Age or Size please           |                             |   |
| Please be advised that the polo shirts sizes do run small so please adjust accordingly   |                              |                             |   |
| If you are on any medication, please ensure you bring sufficient for the duration of your holiday  |                              |                             |   |
| 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 <sup>st</sup> Choice From  |                             | To  |
|  | 2 <sup>nd</sup> 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.

|  |  |
|--|--|
| <b>Applicants Signature and date</b>   |  |
| (a) I confirm that all details are correct at this time and I will notify H4HJ of any change.<br>(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  |  |
|   | <b>DUE TO HIGH DEMAND FROM FIRST-TIME HOLIDAY REQUESTS, PLEASE ENSURE THAT THIS APPLICANT HAS NOT ALREADY HAD A HOLIDAY WITH US.</b> |

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