

SLSW Holiday Booking Form

A separate form should be completed for each person using our services. Please ensure you have passports/documents needed for the holiday before filling in this form.

Funding -please tick	
This is a family holiday funded by our respite monies	
This is a family holiday and the cost is being shared equally	
This is a holiday for the person supported and is funded by them	
This is a holiday with the carer providing support, so funded by the person supported including agreed carer costs	
Name of the person using SLSW services	
Confirm the names and status of everyone else who will be going on the holiday	
Who is the named responsible person	
Holiday destination	
Holiday date	
Type of holiday	Self -catering
	Half board
	Full board
Is a passport required? Should a decision on booking holiday wait until passport is confirmed.	Yes
	No
Should the decision to book wait until passport confirmed	Yes
	No
Comments re the above question	
If travel is abroad, have you applied for travel insurance	Yes
	No
If you said 'yes' to the above question about travel insurance, how much is it per adult?	

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If hiring a car, do you have appropriate insurances		
Please attached evidence of appropriate insurance information		
Additional travel costs: (e.g. airport transfer, taxi's, support)		
Cost of any additional activities		
Additional personal spends		
Cost of meals: (e.g. airport meals)		
Total cost of holiday		
Cost to be made by the person using SLSW services		
How has cost been calculated for individual		
How have you involved the customer in choosing the holiday?	Communication mode. Tick if applicable	Please explain
	Internet	
	Brochure	
	Previous experience	
	Media	
	Other	

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Tell us why this is in the persons Best Interest?		
How have you come to this decision		
Have you identified any risks?	Yes	No
Have you completed a risk assessment? (If yes, please attach to form)	Yes	No
Are all helpers who are going on the holiday approved by the scheme? Only people who are approved by the scheme can support the customer on this holiday.	Yes	No
Your contact details including phone numbers		

Contact details of a relative/friend in the UK to contact in the event of an emergency

Contact name	Contact address/Contact number

Shared Lives Provider signature	
Date	



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Shared Lives Coordinator signature	
Date	

Shared Lives Team Leader signature	
Date	

To be completed by Shared Lives Coordinator	
Date sent to finance team	
Date sent to Team Leader if risk assessment is attached	