

## Participant Holiday Request Form

This form is to be completed and forward to your Manager for approval prior to booking a holiday with a participant.

### Employee Details

First Name	
Last Name	
Position	
Contact Number	

### Participant Details

First Name	
Last Name	
Diagnosis	
Level of assistance required by staff with mobility	
Level of assistance required by staff with activities of daily living (ADL's)	
Contact Number	

### Next of Kin Details

Relationship to participant	
First Name	
Last Name	
Contact Number	

## Participant Holiday Request Form

### Details of proposed Holiday

Holiday leave date and time	
Holiday return date and time	
Holiday destination	
Mode of transport to and from holiday destination	
Mode of transport while on holiday	
Details of activities to be undertaken on holiday (list of all planned activities)	
Name of person responsible for payment of holiday	
Type of accommodation and address	
Sperate rooms available for participant and staff member?	
Meals organised/booked (eg: dinning out, cooking)	

## Participant Holiday Request Form

Can insurance be organised for the holiday?	
Whom is responsible for meals? (eg cooking, paying for meals ect)	

**Emergency Plan** (please actions to be taken in the event of an emergency below eg; COVID lockdown, staff or participant becoming unwell.)

--

Employee Signature	
Date	

Office use only

Holiday Approved	
Mangers Name	
Managers Signature	
Holiday destination reviewed of website	
Date	