

Supporting Families Application

Please complete this application form and return it to us. We will notify you regarding the success of your application within 3 weeks of receiving it. Written notification will include a unique code to be quoted when arranging your booking, which must be made within 7 days or the offer will expire. If successful, we will do our best to ensure that there will be places available on some or all of the weeks at the camp you require, however please note that depending upon demand your preferred dates may not necessarily be available.

1. Your Contact Details

Title	First Name	Surname
Address		
Town		Postcode
Home Tel.		Mobile
Work Tel		E-mail

2. Camp Choices

Choice of camp venue

3. Children's Details

First Name	Surname	Date of Birth	Gender	Swimming Ability	School	No. of Weeks*
				Non-swimmer <input type="checkbox"/> At least 10m <input type="checkbox"/> Up to 25m <input type="checkbox"/>		
				Non-swimmer <input type="checkbox"/> At least 10m <input type="checkbox"/> Up to 25m <input type="checkbox"/>		
				Non-swimmer <input type="checkbox"/> At least 10m <input type="checkbox"/> Up to 25m <input type="checkbox"/>		
				Non-swimmer <input type="checkbox"/> At least 10m <input type="checkbox"/> Up to 25m <input type="checkbox"/>		

*In the appropriate column enter number of weeks you are requesting for each child at the assisted rate

4. Your reasons for applying for an assisted place

Please use the space below to give your reasons for applying for assistance. In order for us to assess your application please provide written proof of your circumstances e.g. tax credit or income support information, or a letter of support from a school official or other agency. Photocopies are acceptable and original copies will be returned on request. The information you give will be confidential.

Please give details of your annual household income. (Please tick the relevant box and include any benefits or tax credits you receive).

£0 – £10,000 £11,000 –£15,000 £16,000 – £20,000 £21,000 – £25,000

If you are applying for children with any medical or behaviour issues that will assist us to care for your child you must provide details below. Please note incorrect information may affect insurance cover.

Declaration: I confirm that the information given in this application, to the best of my knowledge, is true and complete. I am willing to provide further proof of my circumstances if required.

Signed: _____ Date: _____

