

BADAGUISH CENTRE

APPLICATION FORM - ACTIVITY HOLIDAYS/SHORT BREAKS

PLEASE ATTACH ANY OTHER IMPORTANT INFORMATION

<p>Date/s Requested:</p> <p>Name of Guest:</p> <p>Date of Birth: ___/___/___</p> <p>Address:</p> <p>Postcode:</p> <p>Tel. No.</p> <p>E-mail:</p> <p><u>Disability / special requirements.</u> (waking night duty or 1:1 staff etc.)</p>	<p><u>Dressing:</u> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Comments:</p> <p><u>Toileting:</u> Independent <input type="checkbox"/> Will communicate needs <input type="checkbox"/> Needs assistance <input type="checkbox"/> Wets/soils bed <input type="checkbox"/> Comments:</p> <p><u>Communication:</u> Speaks <input type="checkbox"/> Will communicate needs <input type="checkbox"/> Uses signs <input type="checkbox"/> Other <input type="checkbox"/> Comments:</p>
<p><u>Emergency Contact:</u> Name: Relationship: Address:</p> <p>Tel No: Daytime: Evening:</p>	<p><u>Swimming</u> Swimmer <input type="checkbox"/> Non Swimmer <input type="checkbox"/> Requires Supervision <input type="checkbox"/></p> <p><u>Hobbies & Things That I Like To Do:</u></p>
<p><u>Special Requirements:</u> Night Attendance:</p> <p>Normally sleeps from _____ to _____</p> <p>Special Equipment Required:</p> <p><u>Mobility:</u> (Electric Wheelchair users - please bring them with you along with clamps/guidance on securing them into our minibus) He/she can walk independently <input type="checkbox"/> Uses crutches <input type="checkbox"/> Assistance needed <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Uses an electric wheelchair <input type="checkbox"/> Comments:</p>	<p><u>Why I Want To Go To Badaguish:</u> <u>(or any other comments)</u></p> <p>Please remember: the more information and guidance we receive, the more positive the persons experience will be!!!!</p> <hr/> <p><u>For Office Use Only:</u> Ack Date: ACC. Ref: Inv No.</p>

BADAGUISH MEDICAL INFORMATION/CONSENT FORM

(PLEASE ATTACH ANY OTHER IMPORTANT INFORMATION)

Date/s visiting Badaguish:		
Name of Guest.....		Date of Birth: ___/___/___
Address:		
Postcode:		Tel No: E-mail:
Emergency Contact: Name: Address: Postcode:		Relationship to Guest: Tel No: Daytime: Evening: Mobile:
Family Doctor: Name: Tel No.		Surgery Address:
Medical Information:		
Allergies:		Diet Restrictions:
Seizures:	TONIC <input type="checkbox"/> CLONIC <input type="checkbox"/> TONIC CLONIC <input type="checkbox"/>	ATONIC <input type="checkbox"/> ABSENCE <input type="checkbox"/> OTHER <input type="checkbox"/>
		Frequency:
<p>ALL MEDICATION SHOULD BE PROVIDED IN ORIGINAL PHARMACY CONTAINERS/BOXES COMPLETE WITH NAME LABEL AND DOSAGE. IF DOSETTE BOXES (OR SIMILAR) ARE USED PLEASE ATTACH A PHARMACY PRINT OUT OR GP LETTER OF MEDICATION DETAILS AND DOSAGE REGIME.</p>		
Medication/Medical Consent		
<u>Drug</u>	<u>Dosage</u>	<u>When</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Are you happy for Badaguish sun cream and midge repellent to be applied If necessary? YES/NO I hereby consent to the Badaguish staff (or accompanying social work staff) administering the listed medication and give my consent for emergency medical treatment for the above named guest.		
Signed:		Date:

BADAGUISH PHILOSOPHY OF CARE

Our aim is to offer people with special needs a holiday experience that is stimulating, interesting and fun. We encourage participation in as wide a choice of outdoor activities as possible. The emphasis is on people's positive abilities and every effort is made to ensure that widest possible choice is available regardless of disability.

We hope to offer activities in a way that will provide potential for personal development on many levels. Activities are provided in as integrated a setting as possible. Badaguish Centre caters for the general public and many other organised youth groups. Our programme of activities and visits makes maximum use of the surrounding community facilities. We aim to promote an active, healthy and sociable lifestyle developing recreational skills which will be useful on returning home.

The holidays are for small groups and take place under the personal supervision of the Care Manager: Silvie MacKenzie. Accommodation is in twin rooms with the possibility of a single room. The care team is made up of male and female staff members and both will provide care unless a preference is stated. Staff training focuses on the skill to create an intimate and supportive environment.

Smoking is allowed outside the building only.

DATES AVAILABLE

Apr-Oct: courses run Monday to Friday with some 2-week places available.

Nov-Mar: Flexible Short breaks. Please ask.

ARRIVAL/DEPARTURE TIMES

3 Days: **Arrive** after 3pm / **Depart** between 10 – 11am

5 Days: **Arrive** between 1–2pm/ **Depart** between 1–2pm

TRANSPORT/TRAVEL DIRECTIONS

Badaguish is situated approx. 5 miles from Aviemore. Follow the road signs for Cairngorm and Loch Morlich. Badaguish is signposted on the left before Loch Morlich. Carry straight on up the forest road for 1.5 miles. Transport to/from Aviemore rail/bus station is available by arrangement.

Note – When coming to collect people, please identify yourself on arrival

BOOKING CONDITIONS

Places will be confirmed on receipt of a **completed application form, together with full payment** of the fee **or with payment authorisation** from the Social Work Department.

HOLIDAY FEES (payable in advance)**From 1 April 2012****5 Days**

£950 if paid 28 days prior to visit
£1150 if not paid 28 days prior to visit

3 Days

£570 if paid 28 days prior to visit
£690 if not paid prior to visit

Please note: fees are **non-refundable** in the event of cancellation **less than three weeks prior** to the visit. 50% can be refunded on production of a doctor's certificate or in similar circumstances.

The cost includes full board, choice of activities and 24 hr care. Guests' fees may be eligible for full payment under Respite Care Allowance. Please contact your Social Worker or Care Manager.

PAYMENT AUTHORISATION & INVOICE ADDRESS:

Name:

Address:

Postcode:

Tel No.

E-mail:

Signed: _____

Date: ___/___/___

Relationship to guest:

.....
Social Work Contact: (If different from invoice name given above)

Name:

Tel No.

.....
Please sign above and return to:

**Badaguish Centre Aviemore,
Inverness-shire, PH22 1QU.**

Tel: 01479 861285

01479 861388 (Care Team)

Fax: 01479 861258

Email: silvie.m@badaguish.org

Website: www.badaguish.org