**Request for holiday accommodation at ‘The Piggery’**

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| **Applicants details:** | | | | |
| Title: | First Name: | | Surname: | |
| Address: ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… | | | | |
| Town: | | County: | | Post Code: |
| Home Tel No: | | Mobile No: | | Email: |
| Date of the proposed stay: ………………………………………………………………………………  Duration requested: ………………………………………………………………………………. | | | | |
| Donation for the costs of electricity for the duration of the stay must be made before the holiday begins. Donation payable to The Sam Buxton Sunflower Healing Trust can be made by via cheque or  bank transfer to Barclays Bank -The Sam Buxton Sunflower Healing Trust (SBSHT) ac no 60150665 sort code 20-39-07  Date of transfer………………………………………………………………………………………………. | | | | |
| (Suggested donation £25.00 per week)  Total amount donated : ………………………………… | | | £………………….. | |
| Signature of the main applicant: ….……………………………………………………………………………  Dated: ………………………………………………………………………………………………………… | | | | |

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| **Name of Hospital and consultant in charge of care:**  …………………………………………………...........................................................................................  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  Tel: ………………………………............................................................................................................  Email: …………………………………………………………………………………………………………...  Diagnosis of applicant: ......................................................................................................................... |
| **Person accompanying the main applicant:**  Name: …………………………………………………………………………………………………….  Relationship to applicant: ……………………………………………………………………………...  Tel: ……………………………………............................................................................................  Email: ……………………………………………………………………………………………………… |