



Calum's Cabin, Straad, Isle of Bute
Application for Holiday

HOLIDAY DATES REQUESTED
(stays Saturday to Friday -
(please check our website for current
availability)

1st choice _____
2nd choice _____
3rd choice _____

CHILD/YOUNG PERSON'S DETAILS

Name: _____

Gender: Male Female Date of Birth: _____ Age: _____

Address: _____
_____ Post Code: _____

Tel No: _____ Mobile: _____

E-Mail: _____

Parents'/Carers Employment Situation: _____

DETAILS OF ALL ACCOMPANYING PERSON

Title	Full Name	M/ F	Relationship to Child/Young Person

Car Registration Number: _____

Do you require the use of the following during your stay:-

Baby Highchair Yes No

Travel Cot Yes No

TREATMENT/DIAGNOSIS

Date of Diagnosis/Relapse _____

Is the child/young person currently on active treatment? Yes No

Date of last active treatment _____

We would like to ask you to ensure that up to date medical information is brought with you to assist local medical services should their assistance be required during your holiday

TREATMENT CENTRE

Hospital(s): _____

Ward(s): _____

CONSULTANT DETAILS

Name: _____

Tel No: _____

**NURSE SPECIALIST
DETAILS**

Name: _____

Based at: _____

Tel No: _____

**SOCIAL WORKER
DETAILS**

Name: _____

Based at: _____

Tel No: _____

A cheque for £100.00 towards expenses will be made available on arrival at the Cabin
Ferry fares for one car, driver & passengers will also be paid for by the Cabin

**Please return your completed application form by post to:-
Calum's Cabin, "Calenna", 61 Mountstuart Road, Rothesay, Isle of Bute, PA20 9LD**

www.calumscabin.com - E-mail: calenna@fsmail.net
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