



## Assisted Holidays Application Form

### Section A (to be completed by the applicant)

Name(s) of Applicant(s): Mr/Mrs/Ms.....

Mr/Mrs/Ms.....

HF Holidays Membership No (if applicable).....

Address.....

.....

..... Post Code.....

Telephone No..... E-mail address.....

Name of any dependants also applying for a holiday (if applicable):

..... Date of Birth.....

..... Date of Birth.....

I/we wish to apply for an Assisted Holiday

Preferred type of holiday:\* .....

Preferred location:\* .....

Preferred date:\* 1<sup>st</sup> choice: ..... no. of nights: .....

2<sup>nd</sup> choice: ..... no. of nights: .....

3<sup>rd</sup> choice:..... no. of nights: .....

\*Please note that holiday preferences are subject to availability

When did you last have a holiday? .....

Do you have any additional requirements? Yes/No If yes please state what these are

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Are you, or are you a relative of, an employee, director or voluntary leader of HF Holidays?

Yes / No

If yes please give details.

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Please state the reasons for your application.....

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Why have you chosen the type of preferred holiday listed above, and please give details of why it is suitable for you?

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I/we confirm that my/our income is limited and I/we cannot afford the total cost of the holiday. I/we will contribute £..... towards the cost.

Signed..... Date.....

**Section B (to be completed by the supporter. The supporter must be a shareholding member of the Society).**

Name.....

Address.....

..... Post Code.....

Telephone No..... E-mail address.....

Membership No.....

Are you, or are you a relative of, an employee, director or voluntary leader of HF Holidays?

Yes/No

If Yes please give details.

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I support this application for an Assisted Holiday. If you wish to add anything to this application, please feel free to include it in an additional page.

Signed..... Date.....

On completion, the application form should be sent to: Sarah Davis, Executive Assistant to the Chief Executive, on behalf of The Pathways Fund Working Group.  
HF Holidays Ltd, Catalyst House, 720 Centennial Court, Centennial Park, Elstree, Herts, WD6 3SY

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**Section C (for Pathways Fund use)**

Date application received: .....

Date application considered: .....

Approved/Not approved

Signed..... Date.....