



RESERVATION APPLICATION FORM

The Grove, 2 Grove Road, East Cliff, Bournemouth BH1 3AU
Telephone 01202 552233 Fax 01202 292233
E-mail: enquiries@thegrovebournemouth.co.uk

At The Grove a qualified nurse (duty manager) is available 24 hours a day for **advice and support** in case of an emergency situation. **No hands on nursing** is provided as we operate as an hotel.

Pages 3 and 4 MUST be completed by a Healthcare Professional, a print out from your GP Surgery is always very useful.

SECTION ONE To be signed by the applicant.

Please note that all applicants have to meet our eligibility criteria found on **page four**.

Please print in capitals

Surname Forename D.O.B.
Email Tel. no
Address

Accompanied by/or if alone details of an emergency contact

Surname Forename
Relationship Tel. no
Address

Number and type of room(s) required.

Standard Room Single () double () twin () family () Bath () Shower ()

Superior Room King-size Db () twin () Wheelchair access bathroom D.D.A. compliant ()

Arrival date Departure date

I agree to abide by the regulations of The Grove and declare my application to be correct

Signature Date

SECTION TWO

Please read and sign the admissions and criteria policy on page four

METHOD OF PAYMENT

Funding please tick as appropriate

- Self funding () payment on arrival
- MCS grant () Amount applied for
- Other () please give details

* we need confirmation of funding a.s.a.p. The booking will not be confirmed until we are informed of funding and the amount granted

PRIOR TO THE HOLIDAY

MEDICATION: Please ensure that we receive a copy of an up to date prescription form for all medication needs. Ensure all medical requirements for the duration of the holiday are brought with the guest (inc. catheters, dressings, sharps box etc.)

MOBILITY: If there are mobility problems please let us know before the holiday. Guests are advised to bring own mobility aids, although we do have a limited number of wheelchairs (free of charge) and electric scooters (booking and a small fee is required) they are provided on request to all of our guests, so therefore they are subject to availability.

POTENTIAL RISK OF INFECTION: Due to our guests health condition and to reduce the risk of infection, if you have recently had symptoms of Diarrhoea and Vomiting please refrain from coming to The Grove for at least 48 hours from symptoms having ceased.

OXYGEN: If oxygen is required during the stay please organise this at least two weeks if possible before the holiday through the oxygen supplier/G.P. A Holiday Oxygen Order Form needs to be completed (H.O.O.F.) and sent to the oxygen provider. This will then be delivered to the hotel.

OXYGEN REQUIRED: YES / NO

DIETARY REQUIREMENTS: If there are any dietary requirements please ensure **page five** is completed.

DIETARY REQUIREMENTS: YES / NO

PRIVATE AND CONFIDENTIAL

SECTION THREE

Diagnosis

Relevant medical history

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.....

Partner medical condition if known

.....

G.P. details

Name..... Tel No

Address.....

.....

We require your NHS Number for our records

Has an advance decision not to be resuscitated in the event of a cardiac or respiratory arrest been made and signed? If so, then please remember to bring it with you.

Nurse details

Name / Designation

Contact Tel No..... Email

Address.....

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MEDICATION

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A current medication repeat prescription is also required for the holiday

DISTRICT NURSE If treatment is required the District Nurse must be organised prior to the holiday. Please ring the District Nurse Liaison Office to arrange, giving them the relevant information for the treatment required. It is essential that the guest brings their care plan and all dressings, injections etc required for the duration of the holiday.

DISTRICT NURSE REQUIRED: YES / NO

ADMISSIONS POLICY CRITERIA

There is a **strict criteria** to be met for acceptance. The Grove reserves the right to refuse admission or curtail a booking if it becomes evident that a guest has not revealed or has misrepresented facts about their medical condition, or if they are deemed by the management unable to manage the type of hotel holiday offered.

We are unable to accept any guest who is suffering from any form of dementia or confusion other than that which is directly related to their diagnosis.

Applications can only be accepted for guests who

- Have / had a cancer diagnosis
- are patients receiving (have received) professional healthcare for a life threatening illness that has no cure that is being symptomatically managed
- are able to administer their own medication
- are capable both physically and mentally to cope with and benefit from the hotel type of holiday offered
- are self-caring with personal hygiene and able to use normal bathroom facilities (some rooms are available for those with disability)
- are able to meet the cost of the holiday or have been provided with sufficient means for payment

We cannot accept a guest who is the patient but is also the carer for their partner who they wish to come on holiday with them.

We cannot accept a patient on their own who is responsible for a child or children under sixteen who wish to come on holiday with them.

Please tick the boxes and sign below to confirm that you are aware of the above, admissions policy criteria and in your opinion this person meets all of the above.

Health Care Professional

Signature **Print Name**

To avoid cancellation, please ensure that this form is returned within a minimum of two weeks prior to the holiday date booked (unless a last minute booking).

OTHER REQUIREMENTS

Various aids are available for general use. Please ensure that The Grove is aware of any extra requirements needed. This may include provision of clinical waste, a raised toilet seat, extra pillows, mattress toppers, sharps box (a small charge is made, if provided by the hotel).

A warm welcome from both the management and staff awaits all our guests and we will endeavour to ensure that a good holiday is enjoyed by all our guests.

SPECIAL DIETARY REQUIREMENTS

Our chefs will endeavour to meet the dietary requirements of our guests providing that we are advised of dietary needs prior to the holiday arrival date.

Please tick the required box below.

- | | | |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> DIABETIC | <input type="checkbox"/> LOW FAT | <input type="checkbox"/> VEGETARIAN |
| <input type="checkbox"/> GLUTEN FREE | <input type="checkbox"/> VEGAN | <input type="checkbox"/> PUREE |
| <input type="checkbox"/> CHOPPED | <input type="checkbox"/> LIQUID | <input type="checkbox"/> OTHER PLEASE ADVISE |

If this sheet is not returned it will be assumed that no special diet is required and a normal diet will be offered. We are happy to accept that you may prefer or need to bring your own dietary requirements, supplement drinks etc.

NAME..... ARRIVAL DATE

