



Oakfield Park 32 Bilton Road Rugby Warwickshire CV22 7HQ tel: 01788 56 46 46 pilgrimage.department@hcpt.org.uk
Charity Registration No. 281074 Registered in England as a Company Limited by Guarantee No. 1095198

This form will only be used to give us some idea of the child's requirements. On acceptance into a Group, a full form will need to be completed, along with information from the child's GP or specialist as appropriate.

Child's details

Forename:..... Surname:.....

Address:..... Postcode:.....

Date of Birth:..... Religious Denomination:.....

Tel: (day)..... Tel: (eve if different).....

School details

School Name:..... Contact teacher:.....

Address:..... Postcode:.....

School telephone number.....

Please circle as appropriate:

- 1) Has child been to Lourdes before with HCPT? **Yes/No**
- 2) Has child been to Lourdes before with another pilgrimage? **Yes/No**
- 3) Does child have his/her own passport? **Yes/No**
- 4) Has child been away from home before? **Yes/No**
- 5) What is child's special need (e.g. Learning difficulties etc) if any?.....

- 6) Does child need a wheelchair? **Always/Sometimes/Never**
 - if he/she requires a wheelchair always, can he/she bring own? **Yes/No**
- 7) Does child have toileting difficulties? **Yes/No**.....
- 8) Does child require constant supervision? **Yes/No**.....
- 9) Does child need help feeding? **Yes/No**.....
- 10) Please list here any medication he/she is taking:.....

- 11) Does child have any allergies? **Yes/No**
- 12) If **YES**, please give details.....
- 13) If there is any additional information you would like HCPT to be aware of, please include here. All information will be treated in strictest confidence.....

Full name of person completing this form.....

Relationship to child PARENT / GUARDIAN / OTHER (please describe)
.....

Contact number if different from above.....

Signed:..... Date:.....

**PLEASE COMPLETE THIS FORM AND RETURN TO THE ABOVE ADDRESS TO
ARRIVE BEFORE 31ST JANUARY 2007**