



Holiday Break Program.

Application form

This form must be completed by the guest and signed by a Health Care Professional as verification for a referral to the Holiday Break Program. In completing and signing this form, the guest acknowledges that they have read and accepted the terms on the back of this form. Once the form is completed please submit via email to albanyreservations@cancerwa.asn.au.

GUEST CONTACT DETAILS (patient/carer/family member)

Date: ____ / ____ / ____

Given name: _____ Surname: _____

Date of birth: ____ / ____ / ____

Street address: _____ Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Leave message on: Home phone Mobile Email: _____

Cancer type: _____ Treatment centre: _____

BOOKING ENQUIRY INTEREST (please refer to Holiday Break Program guidelines for information)

Number of adults: _____ Please list available travel dates or time period
(i.e. dates, month, weekend, weekday or anytime)

Number of children: _____

HEALTH CARE PROFESSIONAL REFERRAL (nurse, specialist, social worker or allied health professional)

Name: _____ Organisation: _____

Profession: _____

Phone: _____ Email: _____

I _____ (health professional's name) confirm that _____ (patient's name), in my opinion, would benefit from some time to relax and reconnect away from the challenges from a cancer diagnosis. I confirm _____ (patient's name) has been diagnosed with advanced cancer and is well enough to stay at the Cancer Council WA Holiday Break property.

Signature: _____ Date: ____ / ____ / ____



Holiday Break Program Terms

1. The Holiday Break Program is administered by Cancer Council WA ("Cancer Council WA").
2. The guest ("the Guest") is required to complete the Holiday Break Application Form ("the Form") and agree to these Holiday Break Program Terms ("the Terms") by signing their acceptance below. Your treating or general health care professional must sign the health care professional verification section of this Form to confirm in their opinion that you are well enough and would benefit from staying at the holiday break program property ("the Property").
3. If the Guest is under 18 years of age, a parent or guardian must read and accept the Terms by signing on the Guest's behalf.
4. By completing this form, you have provided Cancer Council WA with your personal details, which may include your sensitive personal and health information. We may also collect further personal information through your participation in the Holiday Break Program. By providing your personal information, you agree that your information will be used and disclosed by Cancer Council WA in accordance with our Collection Statement and Privacy Policy, available at <http://www.cancerwa.asn.au/privacy>. You should review this Collection Statement and Privacy Policy to ensure you are fully informed about these matters. In addition to the uses and disclosures described in our Collection Statement and Privacy Policy, we will use and disclose your personal information to communicate with you about this program, for program evaluation and reporting once the booking has been confirmed. We may also use and disclose it to ensure you receive updates about upcoming events, new resources, cancer news and information. Please contact us on 13 11 20 if you have any queries.
5. The Guest agrees that:
 - a. the details in the Form are correct and that if any details change the Guest will notify Cancer Council WA;
 - b. the Guest has read, understood and agrees to comply with the Holiday Break Program Information Guide
 - c. if the Guest is approved for a booking they:
 - i. will comply with the booking instructions provided by Cancer Council WA and inform Cancer Council WA of any issues of concern that arise during their stay including any breakages or damage;
 - ii. acknowledge for the specified period there is no provision of any services such as food, transport or medical requirements including any emergency care;
6. The Guest acknowledges that:
 - i. acknowledge that Cancer Council WA reserves the right to cancel or withdraw accommodation bookings at any time;
 - ii. will be responsible for their own health and safety and will promptly notify Cancer Council WA of any event or circumstance that has, or is likely to have, any adverse effect on their or others' health or safety during their stay;
 - iii. will respect and treat the Property with care during their stay and will leave the Property in the same condition and repair as on their arrival at the Property;
 - iv. will be liable and recover costs for any excess cost of cleaning if the property is left in an unacceptable condition;
 - v. will behave in a manner that does not cause any damage to the Property or offence to neighbours;
 - vi. will be liable for any breakages or damage incurred during their stay;
 - vii. acknowledge that Cancer Council WA and its employees, shall not be liable for any claims, losses, damages, penalties, expenses or demands arising from the Guest's or other occupant's use of the Property;
 - viii. acknowledge that Cancer Council WA, its employees, are released from all liability arising directly or indirectly from the Guest's or other occupant's use of the Property;
 - ix. acknowledge that Cancer Council WA will not be held liable for any exposure to COVID-19 during their stay; and
 - x. will be responsible for regularly checking and complying with government travel warnings and restrictions and local laws in relation to their travel to and from, and stay at, the Property.
7. Cancer Council WA may terminate this agreement immediately without prior notice:
 - a. in its absolute discretion, or,
 - b. if, in its sole judgement, the Guest or its occupants breach any of the Terms.
8. Cancer Council WA reserves the right to alter these Terms from time to time.

ACCEPTANCE

I have read and agreed to the Terms above.

By submitting this form, I agree to Cancer Council WA collecting and holding my personal and health information in accordance with its Privacy Policy and Collection Statement and using such information to contact you about the Holiday Break Program

Print name: _____

Signature: _____ Date: ____ / ____ / ____