



Reservation Application Form

PRIVATE & CONFIDENTIAL

The Grove, 2 Grove Road, East Cliff, Bournemouth BH1 3AU

Telephone 01202 552233 Fax 01202 292233

Email: enquiries@thegrovebournemouth.co.uk

At The Grove a qualified nurse is available 24 hours a day for **advice and support**, and in the case of an emergency situation. **No Hands on nursing** is provided as we operate as a hotel.

Pages 4 and 5 MUST be completed, signed and dated by a Healthcare Professional. SECTION ONE to be signed by the applicant. Please note that all applicants have to meet our eligibility criteria found on **page five. Please print in capitals.**

Surname.....Forename.....D.O.B.....

Email.....Tel. no.....

Address.....

Accompanied by/or if staying 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.....

METHOD OF PAYMENT

Funding, please tick as appropriate

- Self Funding () Payment on departure
- MCS grant () Amount applied for.....Payment method.....
- Other () Please give details.....

* Please send proof of any funding from any third party through to us as soon as possible, as we are unable to confirm your stay in writing until we have received this.

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 medication requirements for the duration of the holiday are brought with you (Inc. catheters, dressings, sharps box etc.).

DNAR have you made an advanced decision not to be resuscitated in the event of a cardiac or respiratory arrest. If yes please inform the nursing staff and bring the completed form with you.

MOBILITY: If you have any mobility problems please let us know before the holiday. Guests are advised to bring their own mobility aids, although we do have limited number of wheelchairs (free of charge), they are provided for all our guests to use so they are subject to availability. Electric scooters can be booked at the time of your application through an independent provider. You can request the contact details from our staff and arrange hire and payment, through the hire company.

POTENTIAL RISK OF INFECTION: Due to the health conditions of our guests, 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 after your symptoms have ceased. It is also the policy of The Grove not to accept guests directly from a hospital or care home, there must be at least 72 hours from discharge prior to any booking.

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

OXYGEN REQUIRED: YES / NO

DIETARY REQUIREMENTS: if you have any dietary requirements please ensure this page is completed.

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"/>	PUREE	<input type="checkbox"/>	VEGAN
<input type="checkbox"/>	CHOPPED	<input type="checkbox"/>	LIQUID	<input type="checkbox"/>	OTHER PLEASE ADVISE
<input type="checkbox"/>	NO SPECIAL DIET				
<input type="checkbox"/>	Known Food Allergy				

We are happy to accept that you may prefer or need to bring your own dietary requirements, supplement drinks etc.

OTHER REQUIREMENTS

Various aids are available for general use by our guests. Please ensure that we are aware of any extra requirements needed for your stay. This may include clinical waste provision, a raised toilet seat, extra pillows, shower stool or a sharps box (a small charge will be made for this).

CONSENT & AGREEMENT

I agree to the terms and conditions of The Grove (Macmillan Caring Locally) and declare my application to be correct.

DATA PROTECTION

Privacy Notice

We take data protection seriously and are committed to protecting all the personal information you provide to us. By completing and signing The Grove Application Form you are consenting to allow us to process your personal information. It will be obtained, processed, stored and deleted according to the General Data Protection Regulation (GDPR) and according to the Macmillan Caring Locally Privacy Notice that can be found on our website and at the hotel reception. We will only use the information provided to us to assess your needs, and eligibility to stay at The Grove and to seek medical advice on your behalf should it be required. You are consenting to allow the nursing staff to access your data and special personal data relevant to your health and if necessary sharing it with Doctors, Nurses, Health Professionals and any other organisation involved in your care or stay at The Grove. This information will only be processed in connection with your booking or a future booking; it will not be shared with any third party for marketing purposes.

We will retain your personal data for two years after your last visit to The Grove or to meet legal requirements when it will be securely destroyed. You have the right to withdraw your consent at any time, you can read your Data Subject Rights by accessing The GDPR website.

I consent to Macmillan Caring Locally (The Grove) obtaining, processing, retaining, and to the deletion of my data and special personal data according to GDPR and the Macmillan Caring Locally Privacy Notice.

SIGNED

PRINT NAME..... DATE.....

During your stay photographs may be taken of you and used on our social media sites or for the promotion of the hotel. Please either put a tick in the box if you are happy to consent to your photograph being used for these purposes, or put a cross in the box if you would prefer not to have your photograph used in this way.

Tick box for **Yes**

Put a cross in the box for **No**

To avoid cancellation please ensure that this form is returned within a minimum of two weeks prior to your holiday (unless a last minute booking) thank-you.

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

PRIVATE AND CONFIDENTIAL

SECTION TWO

Diagnosis.....

Relevant medical history.....

.....

.....

Partner's medical condition if known.....

.....

G.P. details

Name..... Tel No.....

Address.....

.....

NHS Number

DNAR Has an advance decision not to be resuscitated in the event of a cardiac or respiratory arrest been made and signed?

Yes (please tick box if known)

Nurse details

Name/ Designation.....

Tel No. Email.....

Address.....

.....

MEDICATION

.....

.....

.....

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 speak to the duty nurse at The Grove on how to arrange visit/s, 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 TO BE SIGNED BY A HEALTHCARE PROFESSIONAL

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, has misrepresented facts about their medical condition, or they are deemed by the Nursing Team / 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 limiting illness that has no cure and is being symptomatically managed.
- Are able to administer their own medication.
- Are capable both physically and mentally to cope with and benefit from the type of holiday offered.
- Are self-caring with personal hygiene, able to self-manage any continence issues, and are able to use normal bathroom facilities (some rooms are available for those with a disability).
- Are able to meet the cost of the holiday or have sufficient means for payment.

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

We cannot accept a guest who is the patient on their own, and who is responsible for a child or children who they would wish to join them on holiday.

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.....Date.....