

HOLIDAY MONITORING FORM

Office use only **Date received**

Childs full name
Age Date of birth

Parent's or Guardian's full name
Address
Telephone No. Home Work
Fax No. E-mail Address

Childs diagnosis

Details of Immediate Family who also went on the holiday

Full name	Age	D.O.B.	Relationship to Applicant	Benefits Working/School	Self-Funding (SF)
					Funded by Happy Days (F) <small>Please enter relevant code</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please attach another sheet if you wish to add some more people

Please let us know your ethnic origin (tick which applies)

People of Indian Origin

People of African Origin

White

People of Bangladeshi Origin

People of Chinese Origin

Other
(please tell us which)

People of African Caribbean Origin

Irish Travellers

People of Pakistani Origin

Irish People living outside Northern Ireland

Destination
Date of Holiday



Please let us know the following by inserting:

1 Excellent

2 Very Good

3 Good

4 Average

5 Poor

6 Very Poor

A The Accommodation

B Our organisation of your holiday

C The Resort

D Facilities for disabled

E The Activities

F Food

Please let us know if you thought some aspects of the trip were particularly good or if certain things could be improved.

Due to your holiday being funded by Happy Days Children's Charity, do you feel that this has alleviated financial concerns with regards to this?

When you were on holiday did you feel that you were able to enjoy yourselves as a family and have some fun together? (Please give us some examples)

Were you able to relax and get some rest on your holiday?

Have you noticed any difference in your child as a result of having this holiday?
(Please give us some examples)

Thank you for completing the monitoring form. We would be very grateful to receive any photos of your holiday and if possible a letter from your child.

Thank you for taking the time and trouble to complete this form. This assists us in improving our activity.

Signed

Name

Date

