



Access Travel
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R'cvd:
Scan:
Ref:.....
For office use only

**St Andrews and Edinburgh Archdiocesan Pilgrimage to Lourdes
 6th - 13th July 2012**

Hotel Pilgrims Application Form.

This form must be completed by **all pilgrims staying in the hotels** and must be forwarded together with the deposit of £100.00 per person to Access Travel.

*Pilgrims wishing to stay in the Marie Saint Frai Centre should not complete this form. Please apply directly to:
 The Marie Saint Frai Booking Secretary, 61 Hailes Gardens, Edinburgh , EH13 0JN. Tel: 0131 441-1939*

A separate form must be completed for each person. Please enter information as it appears on your passport

Surname Christian name Title

Address.....

Postcode Telephone number

Email Address.....

Date of birth Nationality

PASSPORT NO:

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Issue date dd/mmm/yyyy Expriy date dd/mmm/yyyy

Parish

Hotel (first choice).....**Hotel** (second choice).....

Room Requested: single / twin / double / treble.....(Please indicate)

Please note that single rooms are very scarce and cannot be guaranteed . If one is not available, you will be asked to share. A supplement is payable for all single rooms.

I wish to share with Name / s.....

Address

If you're travelling with someone staying in the hospital please indicate his/her name

We need registered nurses and volunteers, both male and female, who are physically fit and willing to help with the sick and disabled pilgrims. Church authorities have advised that it will not be possible for anyone who has not undergone the safeguarding checks to take on a helper role in any capacity. Those who wish to be helpers will need to book, leaving enough time (typically 3 months) to complete all of the checks.

If you wish to volunteer as a helper on the Pilgrimage please indicate below in which capacity:

Reg Nurse Care worker Male Helper Female Helper Doctor

If you wish to apply for financial assistance please tick here ()

Do you have your own Travel Insurance Policy (e.g. annual)? **YES / NO .**
 If **YES** please indicate name of insurance company

Your Policy number..... Insurer's Emergency telephone number
 (The insurance premium will be deducted from the final balance.)

Do you require any special diet? **YES / NO .**
 If **YES** do you require? Vegetarian / Vegan / Gluten-free or give full details .

Emergency contact.

Please give the details of someone who can be contacted during the pilgrimage, while you are in Lourdes in case of an emergency.

Name.....Telephone

Address.....

Please complete below, indicating YES or NO .

1. Please note any disability or medical condition present

.....

You **must** inform us if your medical condition changes substantially between now and your departure for Lourdes.

2. Please detail any prescribed medication (continue on a separate piece of paper if necessary)

.....
.....

3. Can you climb five steps unaided **YES / NO**

4. Do you use a wheelchair? **YES / NO** *If NO, go to Q 8.*

5. If **YES**, are you confined to a wheelchair? **YES / NO**

6. If **NO**, how far can you walk? Metres

7. Are you taking a wheelchair? **YES / NO**

Please provide details: **POWERED / MANUAL** **RIGID / COLLAPSIBLE**

Height:cms Width: cms

Depth: cms Weight: kgs

Please confirm the type of battery: **GEL / SEALED / ACID**

Restrictions apply to the number and type of wheelchairs on the aircraft.

8. **Please note:** Lourdes can be tiring and if your health is impaired you may require assistance. The official helpers are fully committed to the care of the sick pilgrims in the hospital. If you do need assistance you must bring your own able bodied helper with you.

If travelling with a companion can he/she and provide all the assistance you require? **YES / NO**

9 Your able-bodied companion: **NAME** **Date of Birth**.....

10. Have you consulted your GP and has he/she given you permission to travel ? **YES / NO**

If you have answered YES to questions 1 or 2 the Pilgrimage Doctor may contact you.

PAYMENT

Deposit of £100.00 per person required. If booking is made after 6th May full payment is due.

Cheque enclosed £ **Please contact us if you wish to pay by Direct Bank Transfer**

CREDIT AND DEBIT CARD PAYMENTS. On credit cards there will be a 2% service charge

Please debit my **MasterCard / Visa / Switch / Delta.** (Please indicate card type)

Issued by bank :

Card Number

Valid from Valid until: Issue number:

Last 3 digits on Signature Strip

AMOUNT £ **plus 2% charge:** **Total to be debited: £**

I agree that all information contained on this form may be passed to the organising committee. I have read and accept the booking conditions.

Signature **Date**

All special requests or specific requirements must be included on this form or in a separate letter. Lack of information, in writing, may result in a misunderstanding of your needs.

Please ensure that you have a European Health Insurance Card (EHIC) with you when you travel and that it is still valid.

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