

# Shrewsbury Diocesan Pilgrimage to Lourdes 2017

## BOOKING FORM

Please complete one form for each pilgrim in **BLOCK** letters

(It will be helpful if you could print this form on both sides of a single sheet)

Title	<i>Rev Mr Mrs Miss other</i>	Surname <i>as on passport</i>	
First name(s) <i>as on passport</i>		Preferred first name <i>for pilgrimage badge</i>	
Address			
Post code			
Date of birth		Age at 27 July 2017 <i>for insurance purposes</i>	
Home phone number		Mobile phone number	
e-mail address			
Is this your first pilgrimage to Lourdes	Yes [ ]    No [ ]	Name of your parish or youth group	
Passport number		Country of issue and nationality	
Passport issue date		Passport expiry date	
European Health Insurance Card (EHIC) number		EHIC expiry date	
Do you require our travel insurance ?	Yes [ ]    No [ ]		
If not, please provide details of your own insurance	Insurers	Policy number	Insurer's emergency number
Please tick your choice of travel	Coach & Train [ ]	<i>(No 1<sup>st</sup> class train seats available)</i>	Air [ ]
Are you willing to offer your services as a	Youth Helper [ ] Mature Helper [ ]	Nurse RGN [ ] Carer [ ]	Musician [ ] Singer [ ]

The minimum age for helpers is 16 years old. Helpers over 18 years old must hold DBS (formerly CRB) clearance and **ALL** helpers must complete the Diocesan Volunteer Application Form. There is no charge for DBS approvals, which must be renewed annually. Forms are available from the Diocesan Safeguarding Office on 0151 652 9855. If you have received any cautions, warnings or convictions please discuss these in strict confidence with Andrew O'Brien, Diocesan Safeguarding Co-ordinator, on the above number before submitting your booking form. Having a criminal record will not necessarily bar you from work. Please refer to the Rehabilitation of Offenders legislation on the CSAS website. To allow time to process these applications we cannot accept bookings from volunteers after **30<sup>th</sup> APRIL 2017**.

It is a legal requirement that all helpers must receive training from a qualified health professional organised through the pilgrimage. The Pilgrimage Nursing Team provides a number of training sessions prior to the departure of the pilgrimage. Attendance at one of these sessions is **compulsory** if you wish to offer your services as a helper. Dates and venues will be published under the Medical section of our website [www.shrewsburypilgrimage.co.uk](http://www.shrewsburypilgrimage.co.uk) when confirmed.

Hotel preference <i>(inc Accueil Notre Dame)</i>	First choice
	Second choice
Name of person with whom you will share	

*Please state single room, if required. Triple rooms are available in some hotels*

**please continue overleaf**

### MEDICAL INFORMATION

Please complete the following section. All information will be held in strict confidence by the pilgrimage doctors and medical staff and will be used by them to ensure your comfort and well-being during the pilgrimage. By signing this booking form you are giving permission for your medical details to be disclosed to the pilgrimage insurers, if purchased. Failure to give full medical history may invalidate your travel insurance.

Name	
Date of birth	
Do you suffer from any Medical Condition?	Yes [ ] No [ ] <b>(Please tick either Yes or No)</b>
Do you have any known allergies?	Yes [ ] No [ ] <b>(Please tick either Yes or No)</b>
If you have answered YES please give as much information as possible about your condition.	
If you are you receiving regular medical treatments eg tablets, medicines, injections, inhalers, epipens etc please specify, or attach a copy of a repeat prescription	
Can you board the plane, coach or train unaided?	Yes [ ] No [ ] If No, please detail assistance required
Will you require wheelchair assistance at the airport?	Yes [ ] No [ ]
Are you confined to a wheelchair?	Yes [ ] No [ ]
Will you require the use of a wheelchair whilst in Lourdes?	Yes [ ] No [ ]
If you have special dietary requirements, please specify	

**In case of an emergency whilst on pilgrimage, please provide details of a person at home who may be contacted.**

Contact's Name	
Contact's Address	
Daytime phone number	
Evening phone number	

I have read and accept the booking conditions and enclose a cheque for £ \_\_\_\_\_ (**minimum £100 deposit plus £27 insurance premium, including Insurance Premium Tax**, if required) and agree to pay the balance no later than **16<sup>th</sup> June 2017**. If I have decided to purchase this travel insurance I confirm that I have read the terms and conditions. It is my responsibility to ensure that I am eligible for the policy.

Please make cheques payable to **SHREWSBURY DIOCESE PILGRIMAGE ACCOUNT** and send to  
**Diocesan Pilgrimage Office, St Alban's, 30 Mill Lane, Liscard, Wallasey CH44 5UD.**

A single cheque may cover more than one booking provided all names are written on the reverse.

Signature \_\_\_\_\_

Date \_\_\_\_\_