

Shrewsbury Diocesan Pilgrimage to Lourdes 2018

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 26 July 2018 <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	UK	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 []	1st class train []	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 have been issued within the last 4 years. 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 **30th APRIL 2018**.

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 when confirmed.

Hotel preference <i>(inc Accueil Notre Dame)</i>	First choice Second choice
Name of person with whom you will share	<i>Please state single room, if required. Triple rooms are available in some hotels</i>

please continue overleaf



Pilgrimage Travel Insurance has been arranged with Blue Insurance Limited at a cost of £29 per person including insurance premium tax. If you wish to purchase this insurance please tick the appropriate box on the front of this booking form. **If you are taking prescribed medication of any kind or you have a diagnosed medical condition of any kind your GP/Consultant must have noted on your records that you are fit to travel and endure your booked trip.** A European Health Insurance Card must be carried and used if any medical treatment is required. No medical expenses claim will be paid if you are not carrying an EHIC card. Please check the dates of expiry on your card and, if necessary, apply for a new one as quickly as possible.

It is the responsibility of each individual to ensure compliance with the terms and conditions of the travel insurance policy.

If you do not wish to take this insurance please provide details of your own policy where requested on the front of this booking form.

In the event of you requiring medical attention by the pilgrimage doctors while in Lourdes they will need brief details of your current condition and medication. All information provided by you will be held in strict confidence by the medical team and will be used by them to ensure your safety and well-being during the pilgrimage.

Do you suffer from any Medical Condition?	Yes []	No []	(Please tick either Yes or No)
Do you have any known allergies?	Yes []	No []	(Please tick either Yes or No)
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 []	
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	
Daytime phone number	
Evening phone number	

I have read and accept the booking conditions and enclose a cheque for £ _____ (**minimum £100 deposit plus £29 insurance premium, including Insurance Premium Tax**, if required) and agree to pay the balance no later than **15th June 2018**. If I have decided to purchase this travel insurance I accept that it is my responsibility to ensure that I am eligible for the policy and my responsibility to ensure compliance with the terms and conditions of 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 _____