RINGHADDY HOUSE RESPITE BREAK APPLICATION FORM

For the year 20

For Office Use Only

Week Allocated Flat No:

The UDR Benevolent Fund own 15 apartments on the North Coast and as such are available to the following people:

1. Former members of the UDR full time or part time, regardless of length of service.
2. Members of the Widows, Bereaved Parents and Disabled Ex Soldiers’ group who make up the Regimental Families Group.
3. The widow/widower of a UDR Soldier.
4. Children of UDR Soldiers killed as a result of terrorist action.

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| **1. Applicant Details** |
| Full Name(s) DOB: |
| Address:Postcode: |
| Telephone No: | Mobile No: |
| Email Address: | National Insurance No: |
| **2. Service Details of whom eligibility is based** |
| Service Number: | Rank & Name: |
| Service Dates: | Date of Death: (if applicable) |
| **2a. First Time Applicant** |
| Please note that first time will be required to provide proof of service such as a photocopy of their Discharge Paperwork/Official MOD Correspondence etc. **Original paperwork should not be sent.** |
| **3. Details of those individuals accompanying you on this break (Please note that the maximum occupancy for the apartments is 5 individuals regardless of age)** |
| Full Name | Age | Relationship to Applicant |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **4. Suitable dates (please note that the apartments are allocated Sat – Sat)** |
| Please indicate dates that you would prefer to be allocated: |
| 1st: | 2nd: | 3rd: |
| Please indicate if you would be able to take a cancellation at short notice: **YES/NO** |
| **5. Previous Respite Breaks that you have been allocated: (within the last 3 years)** |
| Date: | Date: | Date: |
| **6. Additional Information** |
| Please indicate any special requirements that you may have: |
| Are there any special circumstances that we should know about i.e. recent bereavement or illness: |

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| Briefly state why would feel that you are in need of a respite break (this will assist us in prioritising your application) |
| **7. Priority System:** |
| The Veterans Welfare Service NI administers the apartment allocation process and hosts the allocation board on behalf of the UDR Benevolent Fund Trustees. The Board is normally held the third week in February but is subject to change.To allow adequate time for the ‘prioritising of applications’ to take place, completed applications must be sent to the under mentioned addresses by **no later than 15th January each year or alternatively email: DBSAFVS-VWS-** **NI@mod.gov.uk****NORTH: SOUTH: EAST: WEST:**Apartment Allocations Apartment Allocations Apartment Allocations Apartment Allocations VWS NI VWS NI VWS NI VWS NI01 Broggan House 01 Barrosa House Bldg 89 Clive Road 37 Weavers Lane Holywood Holywood Holywood CrumlinCo Down Co Down Co Down Co Antrim BT18 0FB BT18 9TA BT18 9QA BT29 4XP |
| **8. Declaration and Consent** |
| I declare that the information given in Sections 1 – 6 is correct and to the best of my knowledge. I understand that the information I have provided will be used by the Veterans Welfare Services NI to process my application.I confirm that if I am allocated a respite break that I am available for the full period, and that I must collect the key in person. Only named guests will be permitted to stay and if I am required to return home early that the whole party must leave at the same time.**Consent Statement - How your information will be used Purpose**The information that you have provided above will be used for the sole purpose of allocating an apartment at The UDR Benevolent Fund apartment complex at Ringhaddy House, Portrush.**Retention**The allocation process requires your information to be retained for a minimum period of 3 years after which time it will be deleted.**Sharing**Except for the Veterans Welfare Service NI Service who currently administer the allocation process we do not share your information with external agencies or third parties.**Consent**Please tick this box to confirm that you explicitly consent to your data being processed and held for the above purpose. |
| Signature of Applicant: | Date: |
| **9. Priority Allocated by Caseworker:** |
| **Date:** | **Signature:** |
| **Caseworker:** | **Organisation:** |
| **9a. Vertification of Service** |
| Have Service details been verified: YES/NO |
| If yes by what means: |