

MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

Please tick as appropriate

HOTEL PADOUE		<input checked="" type="checkbox"/>
TICK		
<input type="text"/>	<input type="text"/>	

Tick Accueil or enter Hotel Name as appropriate

<input type="text"/>	<input type="text"/>	2019

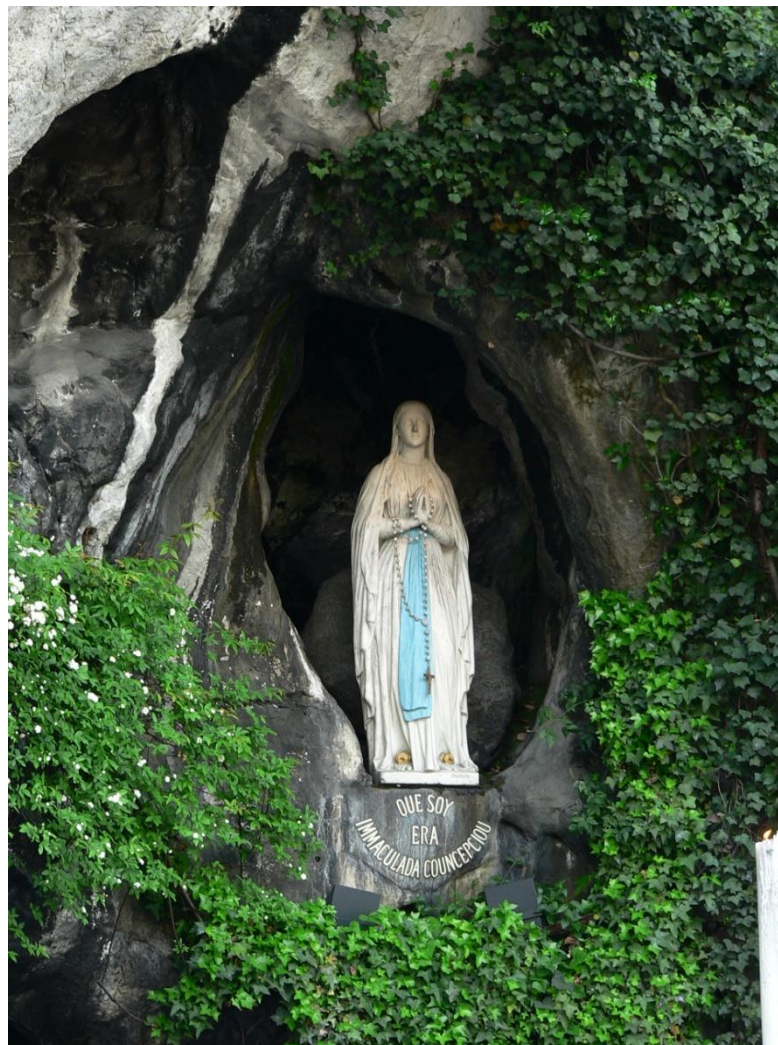
Reference number

The Raphaël Pilgrimage to Lourdes

Pilgrimage of the Sick

Monday 26th August to Friday 30th August

Application for 2019



The Raphaël Pilgrimage to Lourdes

54 Kings Avenue

Woodford Green, Essex. IG8 0JF.

Tel: 020 8504 9138 E-Mail: director@raphaelpilgrimage.org.uk

Website: www.raphaelpilgrimage.org.uk

MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

Please tick as appropriate

HOTEL PADOUE		<input checked="" type="checkbox"/>
TICK		
<input type="text"/>	<input type="text"/>	

Tick Accueil or enter Hotel Name as appropriate

<input type="text"/>	<input type="text"/>	2019

Reference number

APPLICATION FORM FOR SICK PEOPLE and for those with SPECIAL NEEDS

INTRODUCTION

This form is to gather information about you and your support needs to enable us to care for you whilst in Lourdes. Complete pages **2 to 5**; pass the form to your doctor, with the enclosed addressed envelope for completion of pages 6 and 7. Retain the PINK page (**P1**) as your personal record. For more detailed instructions see the notes at the top of page **P1**.

All information provided will remain confidential to the team caring for you.

TO THE PILGRIM

Please complete all sections on pages 2 to 5

MR/MRS/MISS	<input type="text"/>	FORENAMES	<input type="text"/>	SURNAME	<input type="text"/>
ADDRESS	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	POST CODE	<input type="text"/>	TELEPHONE	<input type="text"/>

Please complete in BLOCK CAPITALS

Confidential

Next of kin					
MR/MRS/MISS	<input type="text"/>	FORENAMES	<input type="text"/>	SURNAME	<input type="text"/>
ADDRESS	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	POST CODE	<input type="text"/>	TELEPHONE	<input type="text"/>
Relationship of Next of kin e.g. Wife, Son					
NAME of alternative contact in the event of an emergency				TELEPHONE	<input type="text"/>

Person to whom correspondence should be sent if not handling application yourself					
MR/MRS/MISS	<input type="text"/>	SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
ADDRESS	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	POST CODE	<input type="text"/>	TELEPHONE	<input type="text"/>

If anyone is accompanying you to Lourdes, enter their details below					
MR/MRS/MISS	<input type="text"/>	SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
ADDRESS	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	POST CODE	<input type="text"/>	TELEPHONE	<input type="text"/>

The Raphaël Pilgrimage to Lourdes
PILGRIMAGE OF THE SICK
 To be completed by the Pilgrim

		2019
Reference Number		

Please answer ALL questions fully by ticking or completing all the relevant boxes, which apply.

Date of Birth

Day	Month	Year.
-----	-------	-------

Age

Weight

st	lbs
----	-----

Height

ft.	ins.
-----	------

Religion

Diocese

Do you smoke? Yes No

Have you been to Lourdes before? Yes No

Please give your passport details
Number and expiry date

If you are not an EC passport holder, do you need a Visa? Yes No

Are you available to travel at short notice? Yes No If Yes, how much notice do you need?

1. ABILITY TO TRAVEL

Are you fit to travel by air? Yes No

Do you have a European Health Insurance Card? Yes No Please give the expiry date

Do you have any special needs on the plane? Yes No
If yes, please give details

2. MOBILITY

We need to understand what help you may require in Lourdes. Please place a tick against those statements which are appropriate to you.

Walking

I am able to climb stairs with help

I am able to walk long distances in heat, wet etc.

I am able to walk with help

I am able to climb 30 steps unaided

Other

I am confined to bed

I need help getting in / out of bed.

I get tired quickly / I can only sit for short periods

I am able to sit for long periods

Ordinary Wheelchairs Users

I use a wheelchair for distance

I use a wheelchair at all times

I shall be taking my own wheelchair to Lourdes

Electric Wheelchair Users

I shall be taking my wheelchair to Lourdes

I have a certificate for loading it on the aircraft

I am able to break my wheel chair down into parts not exceeding 35kg in weight

The Raphaël Pilgrimage to Lourdes
PILGRIMAGE OF THE SICK
To be completed by the Pilgrim

		2019
Reference Number		

Do you use a walking aid? If so, please state type	
--	--

3. EATING AND DRINKING

Do you require any assistance with feeding? Also do you use any special aids for feeding? Please give details.

--

4. DIETARY REQUIREMENTS

Do you have any specific requirements i.e. vegetarian, vegan, diabetic, soft foods? Also do you have any food or drink allergy? If yes, please give details.

--

Do you have difficulty in swallowing?

5. COMMUNICATION

Do you have any communication difficulties? Yes No

If yes, what do we need to know? Please be specific

--

Do you have any sight or hearing problems? Yes No

If yes, what do we need to know?

--

6. OXYGEN (please complete if appropriate)

Do you use or occasionally require oxygen? Yes No

If 'Yes' please indicate that you agree to arrange for your doctor to dispense oxygen for the journey (tick)

7. ALLERGIES

Do you have any allergies to medication? If yes, please give details below.

--

The Raphaël Pilgrimage to Lourdes
PILGRIMAGE OF THE SICK
To be completed by the Pilgrim

		2019
--	--	-------------

Reference Number

8. PERSONAL CARE

This section relates to more personal care matters and will help us to offer the most appropriate care.

Do you require assistance in the bathroom/WC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wear any specific equipment/aids?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require any specific equipment day or night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you able to dress/wash without help?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is there anything else we need to know to help you whilst in Lourdes?

9. MEDICATION

Do you require any medication? If yes, please let us know the medicine and dose. ***You must ensure that you have at least one week's supply with you.***

Please use the following space to add any other information that you feel we should be aware of and which will assist us in your care and welfare. If necessary please continue on the back page

Signed (by or on behalf of the Pilgrim) Date.....

Name (Please print)

The Raphaël Pilgrimage to Lourdes
PILGRIMAGE of the SICK
 To be completed by your Doctor

		2019
--	--	-------------

Reference Number

MEDICAL QUESTIONNAIRE 2019

Dear Doctor,

I have applied to the **Raphaël Pilgrimage to Lourdes**, to be taken to Lourdes. I would be grateful if you could complete and send this form to the medical officer for whom we enclose a stamped and addressed envelope.

Diagnosis (including complications and occasional illnesses, e.g. Urinary tract infections):

Brief history of condition:

Significant operations:

Prescribed physiotherapy
Patients weight, if known
Special diet (state type)

Are there problems with any of the following? (an examination is not required)	
Cardiovascular system (including B.P.)	
Respiratory system	
Gastro-intestinal system	
Genito-urinary system (including incontinence)	
C.N.S., (including sight, hearing, speech)	
Musculo-skeletal system	

Is there any history of fits?
<input type="checkbox"/> Yes (if Yes, please give details, i.e. type & frequency) Date of last fit <input style="width: 100px;" type="text"/>
<input type="checkbox"/> No

Drug Sensitivities and Allergies

Steroid therapy

Anticoagulant Therapy

Tetanus immunisation (Date)

Is the patient aware of their diagnosis?

The Raphaël Pilgrimage to Lourdes

PILGRIMAGE of the SICK

To be completed by your Doctor

		2019
--	--	-------------

Reference Number

Note: Please consider the age of the person and the long journey involved when completing the following two sections

MENTAL CONDITION , (e.g. anti-social behaviour, confusion, irritability)

<p>ABILITY TO TRAVEL</p> <p>Your patient will travel by Coach and Air. Travel by air including transfers will take approximately 3½ hours.</p> <p><input type="checkbox"/> I confirm that, to the best of my knowledge, the patient is fit to undertake the journey (tick).</p> <p>Comments :</p>

Other useful information

Please print here, or on an attached sheet (i.e. computer printout), a list of the current medication.

(BLOCK CAPITALS OR STAMP)

Name & address of doctor

Date

(BLOCK CAPITALS OR STAMP)

Consultant and hospital attended (if any)

.....

.....

.....

.....

.....

.....

Tel No.

Tel No.

**The Raphaël Pilgrimage to Lourdes
PILGRIMAGE of the SICK**

		2019
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DRUG CHART 2019	NAME							
List of Drugs	FOR USE ON PILGRIMAGE							
PLEASE PRINT		6-8am	10am	12am	2pm	6pm	10pm	
DRUG	Mon Tue Wed Thu Fri							
Dose								
Frequency								
Signature								
DRUG	Mon Tue Wed Thu Fri							
Dose								
Frequency								
Signature								
DRUG	Mon Tue Wed Thu Fri							
Dose								
Frequency								
Signature								
DRUG	Mon Tue Wed Thu Fri							
Dose								
Frequency								
Signature								
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Frequency								
Signature								

**The Raphaël Pilgrimage to Lourdes
PILGRIMAGE of the SICK**

		2019
--	--	-------------

Reference Number

Monday 26th August to Friday 30th August 2019

Complete and KEEP this PINK form FOR REFERENCE
Please QUOTE the above REFERENCE NUMBER in all enquiries

NOTES

APPLICATION PROCESS:

Complete **BLUE** pages **ONE to FIVE** and pass the whole **BLUE** section (pages 1-7) to your doctor. We suggest you attach a 1st class stamp for speedy return of the form, completed by the doctor, to the Pilgrimage office..

We will acknowledge your application which will go to our medical team. This together with your GP's report will be used to assess your care needs and how we can best meet them. Once your application has been considered you will receive notification of the result.

PILGRIMAGE COSTS:

The cost of the pilgrimage for all pilgrims whether travelling to and from Manchester or from Stansted is £685 without travel insurance or any single room supplement. The pilgrimage insists that all sick pilgrims take the travel insurance offered by the Tour Operator since it offers very advantageous cover for declared pre-existing medical conditions.

PLEASE DO NOT send any money until invoiced by the Tour Operator and all payments must be made to 'Tangney Tours'.

JOURNEY:

Pilgrims Travelling from STANSTED Airport:

The Pilgrimage Assembly Point will be Stansted Airport from where we shall fly direct to Tarbes, the local airport for Lourdes. Kindly note that the Pilgrimage does not normally arrange transport to Stansted Airport. It is your responsibility to join the Pilgrimage at the airport. Certain parishes organise their own transport to the airport and we can send details of the one nearest to you should you wish to apply. On arrival in Lourdes, there will be coach transfers to your accommodation.

Pilgrims Travelling From MANCHESTER Airport:

The Pilgrimage Assembly Point will be Manchester Airport from where we shall fly direct to Toulouse where there will be a coach transfer to Lourdes both to the Padoue Hotel. Kindly note that the Pilgrimage does not normally arrange transport to Manchester Airport. It is your responsibility to join the Pilgrimage at the airport.

Important Notice about your departure and return

The Pilgrimage is not responsible for providing transport or accommodation for pilgrims travelling a distance to the assembly point or for the time between arrival at the assembly point and departure for Lourdes

Equipment:

Please ensure that all the equipment you bring is clearly labelled eg. wheelchair, cushions, walking frame.

PERSONAL ITEMS:

All of these must be labelled clearly. This includes clothes, toiletries, towels and other personal belongings. This is your responsibility and not that of the Pilgrimage.

DRUGS:

You will be responsible for your main luggage up to the time it is booked in at the airport. It will not be available again until you reach your accommodation in Lourdes. It is therefore essential that all your drugs are stored in your hand luggage in a plastic envelope to ensure accessibility during the journey. Please bring an adequate supply of drugs, dressings etc. for the duration of the pilgrimage.

CHANGES IN YOUR CONDITION:

IF BETWEEN COMPLETING THIS FORM AND JOINING THE PILGRIMAGE THERE IS A CHANGE IN YOUR CONDITION OR TREATMENT, PLEASE NOTIFY US AT ONCE.

**Office Address: The Raphaël Pilgrimage to Lourdes,
54 Kings Avenue,
Woodford Green, Essex. IG8 0JF.
Tel: 020 8504 9138 Mobile 07952 818241**

P1

Flight times

STANSTED

Ryanair

DEP

ARR

OUTBOUND FR522 Monday **26 08 19** **13.10** **16.10**

INBOUND FR523 Friday **30 08 19** **17.35** **18.35**

MANCHESTER

flybe

OUTBOUND to Toulouse BE3523 Monday **26 08 19** **07.30** **10.30**

Ryanair

INBOUND from Carcassone FR1119 Friday **30 08 19** **16.55** **18.00**