

Dear Applicant,

Thank you for your request for a Ronald McDonald Family Retreat application pack.

Please read the enclosed forms carefully, complete all required fields, sign and return the Application, Family Retreat Agreement and the Retreat Rules as soon as possible to enable us to confirm your stay in a timely manner.

Remember to include your contact phone number (cell phone is preferred) should we need to contact you to confirm any details prior to confirming your stay.

- 1. Please pay attention to the patient and referral details area and provide supporting documents relating to the diagnosis. These must be supplied whether you have stayed in a Ronald McDonald House or not.***
- 2. Ensure to include your preferred arrival time (there are 2 arrival slots available - 2.30pm or 3.30pm) on the Family Retreat Agreement form.***

Please allow up to 2 weeks for a confirmation letter containing the Retreat address, directions map and Attraction Guide.

Kind regards,



Lorraine Bunbury
Reservation and Data Coordinator
Ronald McDonald House Charities New Zealand



RETREAT APPLICATION FORM

Applicant Details			
Surname		Contact Name	
Home Phone		Mobile Phone	
Email			
Address			Post Code
Accommodation required			
No. of Adults		No. of Children	
Ages of Children			
Ethnicity	<input type="checkbox"/> NZ European	<input type="checkbox"/> European	<input type="checkbox"/> Maori
	<input type="checkbox"/> Pacific Is	<input type="checkbox"/> Asian	<input type="checkbox"/> Indian
	<input type="checkbox"/> Other		
Date(s) requested			Accommodation weeks start on Saturday and end Friday, peak times may be balloted. Bookings confirmed within the next 6 months only.

Patient details			
Name of Patient			Age
Date of Birth		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Deceased
Diagnosis			
Where treated?			
Any special requirements?			
Relationship to Applicant Family			

Referral Details (see notes 1 & 2 below)			
If you have stayed at Ronald McDonald House or used a Ronald McDonald Family Room – please tick those below that apply to you			
<input type="checkbox"/> Ronald McDonald House	<input type="checkbox"/> Ronald McDonald Family Room		
<input type="checkbox"/> Auckland	<input type="checkbox"/> Wellington	<input type="checkbox"/> Christchurch	<input type="checkbox"/> Invercargill
<input type="checkbox"/> Other charity/support organisation, please specify:			
*Contact person and number in this organisation:			
1. To prevent delays with your application the shaded section above should be completed.			
2. Pay attention to the patient and referral details area and supporting documents relating to the diagnosis MUST be provided such as a recent specialists or clinic letter.			
<p><i>Privacy Declaration,</i> <i>"I hereby authorise you to give Ronald McDonald House Charities New Zealand, all information in respect of the illness described above, medical history, consultation, prescription and treatment of same. A photocopy of this authorisation is as effective and valid as the original".</i></p> <p><i>"The information I have given is true and correct to the best of my knowledge".</i></p>			
_____ Signed by Applicant, Parent or Guardian of Patient		_____ Date	_____ Name and Contact Number for Medical Professional