

Under normal circumstances Ellie's Haven will only offer holidays to families with at least one child receiving Disability Living Allowance (DLA)

Details of the person requesting a holiday

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>
Name of the child	<input type="text"/>
Relationship to child	<input type="text"/>

Please indicate the level of DLA **Care Component** the child is receiving by checking one box below:

None	<input type="checkbox"/>
Lowest	<input type="checkbox"/>
Middle	<input type="checkbox"/>
High	<input type="checkbox"/>

Please indicate the level of DLA **Mobility Component** the child is receiving by checking one box below:

None	<input type="checkbox"/>
Lower	<input type="checkbox"/>
Higher	<input type="checkbox"/>

Please describe the child's medical condition and treatment in no more than 200 words

Please explain why this family needs a holiday in no more than 200 words