

GARDA BENEVOLENT TRUST FUND HOLIDAY HOME SCHEME 2026

APPLICATION FORM

Please Tick One Only

AYLESBRIDGE, COURTTOWN, CO. WEXFORD (2 x Houses)
 or DONEGAL TOWN (2 x Houses)
 or NO PREFERENCE

TO BE COMPLETED BY MEMBER ONLY AND RETURNED BY FRIDAY 8th May 2026 BY POST OR E MAIL TO info@gardabenevolent.ie
 (PLEASE USE BLOCK CAPITALS)

1. SURNAME: _____ CHRISTIAN NAME: _____
2. ADDRESS: _____
 _____ Email: _____
3. PHONE NO. :(W) _____ (H) _____ (Mob.) _____
4. GARDA REG. NO.: _____ STATION: _____
5. CHILD'S CHRISTIAN NAME: _____ DATE OF BIRTH: ____/____/____
6. RELATIONSHIP TO CHILD: _____
7. OTHER CHILDREN: (if applicable) NAME; _____ DATE OF BIRTH: ____/____/____
 NAME; _____ DATE OF BIRTH: ____/____/____
8. HAVE YOU AVAILED OF THE HOLIDAY HOME SCHEME IN THE PAST ? YES / NO
9. HOW MANY IN TOTAL WILL OCCUPY THE HOUSE: (**MUST NOT EXCEED 6**) _____ PAX
10. IS WHEELCHAIR ACCESS REQUIRED?: YES / NO

Each week runs from Saturday to Saturday - Please supply 3 preferred weeks (e.g 4/7/2026 to 11/7/2026)

1 st Preference	2 nd Preference	3 rd Preference

"The core period of July and August is ring-fenced for members with an additional needs child" (TFC1/2026)

If you do not indicate at least three (3) preferences, the Committee of Management will have discretion in selecting an alternative week.

SIGNATURE OF MEMBER: _____ **DATE:** _____, 2026

GARDA BENEVOLENT TRUST FUND HOLIDAY HOME SCHEME 2026

DETAILS OF CHILD - BLOCK CAPITALS ONLY

TO BE COMPLETED IN FULL BY A MEDICAL PRACTITIONER EACH YEAR

**UNDER NO CIRCUMSTANCES SHOULD THIS SIDE BE COMPLETED BY THE MEMBER
IT WILL NOT BE ACCEPTED AND WILL BE RETURNED**

1. PATIENT NAME: _____

2. PATIENT ADDRESS: _____

3. DATE CONDITION WAS FIRST DIAGNOSED? _____

4. NATURE OF ILLNESS: _____

5. PLEASE INDICATE LEVEL OF CARE/TREATMENT REQUIRED BY PATIENT: _____

6. IS THE PATIENT ATTENDING MAINSTREAM PRIMARY/SECONDARY SCHOOL: YES NO

ALL APPLICATIONS MUST BE COMPLETED AND SIGNED BY A G.P. EACH YEAR AND HAVE DOCTOR'S STAMP

DOCTOR'S SIGNATURE: _____

DOCTOR'S STAMP

DOCTOR'S ADDRESS: _____

DATE: _____, 2026

