



PLEASE FILL IN ALL FIELDS AND QUESTIONS.  
IF FILLED IN MANUALLY: PLEASE IN CAPITAL LETTERS WITH A BLACK PEN

From: (your first name & surname): .....

☐ (tick, if you agree) As parent/guardian/young adult over the age of 18, I agree to freely and truthfully fill in and sign this application form. I authorise Beyond the Moon to confidentially process all the personal and vital data provided in this form. This information is needed to assess the possible granting of a cost-free Beyond the Moon family vacation and to organise this vacation, should it be granted. I will make sure that the separate "Patient Summary" document be completed and signed by the primary care physician/specialist of the sick child.

First name of the sick Child: ..... Birthdate (dd/mm/yyyy): .....

Surname of the sick child: ..... Gender : ☐ M ☐ F

Diagnosis: ..... Year of diagnosis: .....

Mother / Partner's first name & surname (as written on the identity card or passport):  
.....

Birthdate M/P (dd/mm/yyyy): ..... Occupation of M/P: .....

Father / Partner's first name & surname (as written on the identity card or passport):  
.....

Birthdate F/P (dd/mm/yyyy): ..... Occupation of F/P: .....

First name & surname brother(s) and/or sister(s)	Birthdate (dd/mm/yyyy)	Gender (M/F)
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....
5 .....	.....	.....

Child(ren) under custody of: ☐ Mother ☐ Father ☐ Both ☐ Tutor

Street: ..... Number: .....

City: ..... Postcode: ..... Country: .....

Home phone: (available from ..... hrs - ..... hrs): .....

Mobile phone to contact you: .....

Does at least one family member have a smartphone with a QR-code scanner? ☐ yes ☐ no

Work phone (mother or father): (available from ..... hrs - ..... hrs): .....

E-mail address (father, mother or other family member) for the written communication with Beyond the Moon:  
.....

Name of the sick child's primary care physician/specialist: .....

Direct phone number of the primary care physician/specialist: .....

E-mail address of the primary care physician/specialist: .....

Hospital where the child is treated: .....

**Preferably: digitally fill in & send via email: [elena1403@beyondthemoon.org](mailto:elena1403@beyondthemoon.org)**

OR print, fill in & send by post to: Elena Delisse, c/o Beyond the Moon, Champ de Maubroux 12, B-1390 Grez-Doiceau, Belgium

Registered office: BEYOND THE MOON npo, Zandstraat 27K, B-2223 Schriek, Belgium

NN: 0873.856.370 – Phone: +32 15 23 36 82 – [contactbtm@beyondthemoon.org](mailto:contactbtm@beyondthemoon.org) - [www.beyondthemoon.org](http://www.beyondthemoon.org)

**APPLICATION FORM: FAMILY WITH A SICK CHILD****2/6**

(Update: AF\_FA\_ENG no CST\_271123)

<b>1</b>	How many days per year does the child spend at the hospital? ± ..... days/year  Will the child shortly follow a treatment(s) or be hospitalised? If "yes", scheduled date(s): ..... .....	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>2</b>	The child mainly lives at home. The parent(s) can provide all medical care themselves during a family holiday.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	The child mostly lives elsewhere (institution, rehabilitation centre, foster family, with grandparents or elsewhere). The parent(s) cannot take care of all medical care and also need(s) medical support during a family holiday. In other words, it is medically necessary for the sick child to be able to rely on extra medical supervision from a nurse or doctor during the holiday. This person can accompany you and stay overnight in the same accommodation.  If "yes", fill in the personal data of the accompanying nurse/doctor: - first name & surname: ..... - birthdate (dd/mm/yyyy): ..... - mobile number: .....	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Do all family members still live in the same household? If "no", please explain: ..... .....	<input type="checkbox"/> yes	<input type="checkbox"/> no
	What is your family nationality? .....  Do all family members have the same nationality? If "no", please explain: ..... .....	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Do all family members have a valid identity card or valid passport (non-EU citizens)?  <i>Note: A Kids-ID is an electronic identity card for all children, also required for children under 12 travelling abroad.</i> <i>VALID in most European countries and MANDATORY in all countries (including FR, NL, D) where no passport is required, so where you can go as an adult with your identity card, without needing an international passport. For more detailed information, contact your city council or local police department.</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	As single mother or father, supportive accompaniment may be useful during the vacation (i.e. additional adult >18 years). Would you like this support?  If "yes", fill in the personal data of the accompanying adult: - first name & surname: ..... - birthdate (dd/mm/yyyy): ..... - mobile number: .....	<input type="checkbox"/> yes	<input type="checkbox"/> N/A <input type="checkbox"/> no
	Does the mother and/or father have a bank account (for the pocket money)?	<input type="checkbox"/> yes	<input type="checkbox"/> no

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3	<p>What is your family mother tongue (language used)? .....</p> <p>For our communication &amp; administration:</p> <p>Parent(s) speak(s):    <input type="checkbox"/> ENGLISH    <input type="checkbox"/> FRENCH    <input type="checkbox"/> DUTCH</p> <p>Parent(s) understand(s):    <input type="checkbox"/> ENGLISH    <input type="checkbox"/> FRENCH    <input type="checkbox"/> DUTCH</p> <p>Parent(s) read(s):    <input type="checkbox"/> ENGLISH    <input type="checkbox"/> FRENCH    <input type="checkbox"/> DUTCH</p> <p>If "none", who can be called in as translator before, during and after the vacation?</p> <p>First name &amp; surname: .....</p> <p>Mobile number: .....</p>		<input type="checkbox"/> none EN - FR - DU
4	<p>Have the family members ever been together on vacation (in homeland or abroad) since the sick child was diagnosed?</p> <p>If "yes", specify year(s) and location(s): .....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Was this/Were these holiday(s) paid by a third party (e.g. another charity or wish granting organisation, grandparents, after a fundraising action by friends/family, etc.)?</p> <p>If "yes", please explain: .....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Has the family already enjoyed a vacation via Make-a-Wish or with the help of a similar wish-granting organisation or charity?</p> <p>If "yes", specify year(s) and location(s): .....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	<p>Has the family ever stayed in a holiday village? E.g. Center Parcs, Landal GreenParks, Sunparks, Roompot, Park Molenheide, etc.</p> <p>If "yes", specify year(s) and village(s) name: .....</p> <p>.....</p> <p>.....</p> <p>Which stay was offered or paid by an external organiser or third party? Name of the third party, number of days and name of the holiday village: .....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Has the family ever stayed in an amusement, a movie or theme park for one or more nights? E.g. Disneyland Paris (France), Phantasialand or Europa Park (Germany), Efteling (The Netherlands), Plopsaland (hotel or village) or Pairi Daiza (Belgium), etc.</p> <p>If "yes", specify year(s) and village(s) name: .....</p> <p>.....</p> <p>.....</p> <p>Which stay was offered or paid by an external organiser or third party? Name of the third party, number of days and name of the park: .....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>A Beyond the Moon vacation for the sick child is possible for a duration of:</p> <p>(tick as appropriate - various options possible)</p> <p><input type="checkbox"/> 3 days (Fri-Sun)</p> <p><input type="checkbox"/> 4 days weekend (Fri-Mon)</p> <p><input type="checkbox"/> 5 days midweek (Mon-Fri)</p> <p><input type="checkbox"/> 8 days week (Fri-Fri/Mon-Mon)</p>		

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	<p>Which vacation formula would be the most appropriate for the sick child?</p> <ul style="list-style-type: none"><li>a hotel stay (3 days/2 nights) in an amusement, a movie or a theme park resort with lots of fun-filled attractions and many things to do (<i>many stimuli and mobility are not an issue for the sick child</i>)</li><li>a stay (4 to 8 days/3 to 7 nights) in a fully equipped bungalow in a family village, in a forest or sea setting, with various in- and outdoor activities and the possibility to visit nearby curiosities</li><li>both vacation formulas are convenient</li></ul>	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no
	<p>Considering the current condition of the child and/or the scheduled treatment(s), when would be the most appropriate time to travel? (period or month):</p> <p>.....</p> <p><u>Note:</u> We will take these into account, should it be organisationally feasible.</p>		
	<p>The child may swim/stay in a recreational indoor swimming pool area, being</p> <ul style="list-style-type: none"><li>a traditional, normal swimming pool</li><li>a subtropical swim paradise (usually warmer water and hotter air temperature)</li></ul>	<input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no
6	<p>Do you have a suitable vehicle to transport all family members, the luggage and the medical equipment and/or a wheelchair, if needed?</p> <p>If "yes", please specify:</p> <p>Vehicle brand: .....</p> <p>Vehicle license plate: .....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Did the parent(s) and/or all family members ever travel by train?</p> <p>What is the closest train station? .....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Did the parent(s) and/or all family members ever travel by plane?</p> <p>What is the closest airport? .....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Is there any inconvenience for one/several family members to travel by plane?</p> <p>If "yes", which one and why? .....</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>Do you need assistance (wheelchair or caddy transfer) for the sick child to get to the gate at the airport to avoid walking long distances?</p>	<input type="checkbox"/> yes	<input type="checkbox"/> N/A
7	<p>Can the sick child eat buffet and/or served meals in a restaurant?</p> <p>If "no", at some of our fixed vacation partners there is a kitchenette to prepare your own meals. Would the family rather prefer this formula?</p>	<input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no
	<p>The child is on a diet and I (we) will carry along the specific meals and/or ingredients and/or dietary supplements for the entire stay.</p>	<input type="checkbox"/> yes	<input type="checkbox"/> N/A
8	<p>The child takes his/her own wheelchair or seat shell on a buggy.</p> <p>If "yes", please tick the type and specify the dimensions.</p> <p>The wheelchair or buggy is</p> <p><input type="checkbox"/> standard   <input type="checkbox"/> tailor made   <input type="checkbox"/> collapsible   <input type="checkbox"/> non-collapsible   <input type="checkbox"/> electric</p> <p>Height: ..... cm   Width: ..... cm   Weight: ..... Kg</p>	<input type="checkbox"/> yes	<input type="checkbox"/> N/A <input type="checkbox"/> no


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	<p>If “no”, do we need to provide a wheelchair on site?</p> <p>If “yes”, please fill in the weight and size of the sick child.</p> <p>Weight: ..... kg - Size: ..... cm</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<p>The child needs oxygen and ... : <i>(tick as appropriate)</i></p> <p><input type="checkbox"/> will carry along the quantity needed for the journeys and the entire stay</p> <p><input type="checkbox"/> will only carry along the quantity needed for the journeys. The doctor will provide an oxygen prescription for the duration of the entire stay.</p>	<input type="checkbox"/> yes	<input type="checkbox"/> N/A
	<p>The child uses IV Poles and the parent(s) know(s) how to use and take care of it.</p> <p>If “yes”, do we need to provide an IV Poles stand on site?</p>	<input type="checkbox"/> yes  <input type="checkbox"/> yes	<input type="checkbox"/> N/A  <input type="checkbox"/> no
	<p>The child takes medication that needs to be stored in a refrigerator.</p>	<input type="checkbox"/> yes	<input type="checkbox"/> N/A
9	<p>The child needs an electric profiling bed to sleep/rest.</p> <p>The child needs a high-low bed with safety bars to sleep/rest.</p> <p>Preferred bathroom amenities for the sick child: <input type="checkbox"/> bath <input type="checkbox"/> shower</p> <p>The child needs a shower/bath chair.</p> <p>The child needs a bathing commode.</p> <p>The child needs a mobile hoist (lifting system for bed, bath, toilet).</p> <p>If “yes”, please specify: <input type="checkbox"/> passive <input type="checkbox"/> active</p>	<input type="checkbox"/> yes <input type="checkbox"/> yes  <input type="checkbox"/> yes <input type="checkbox"/> yes  <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no  <input type="checkbox"/> no <input type="checkbox"/> no  <input type="checkbox"/> no
10	<p>Does the father/mother (or partner) have a social media profile? <i>(tick)</i></p> <p>Father/Partner: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> none</p> <p>Mother/Partner: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> none</p> <p>Child(ren): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> TikTok <input type="checkbox"/> none</p> <p><b>“Become a Beyond the Moon friend” (LIKE us) &amp; “Follow us” - Advantages:</b> you will be aware of the latest developments regarding our vacation project, as well as of fun family and other activities in which you can participate. In addition, it helps us increase our name awareness, which is significant for us to be able to continue to offer free family vacations to families with a seriously ill child, like your family.</p> <p><b>Are you willing to help us this way?</b></p> <p>Facebook: <a href="https://www.facebook.com/beyondthemoon.org">https://www.facebook.com/beyondthemoon.org</a></p> <p>Instagram: <a href="https://www.instagram.com/beyondthemoon_npo">https://www.instagram.com/beyondthemoon_npo</a></p> <p>LinkedIn: <a href="https://www.linkedin.com/company/2938260/admin/">https://www.linkedin.com/company/2938260/admin/</a></p> <p>Twitter: <a href="https://twitter.com/BeyondtheMoon05">https://twitter.com/BeyondtheMoon05</a></p> <p>Or for a quick link, click on the icons at the top <a href="http://www.beyondthemoon.org">www.beyondthemoon.org</a></p>	<p>Or scan me:</p> 	
11	<p><b>SHOULD THERE BE A POSITIVE ANSWER/EVALUATION:</b> I/We authorise BEYOND THE MOON to only share our personal data necessary for the organisation of our family vacation with any relevant third party (such as vacation partner, travel agency, taxi company, medical equipment rental company) in accordance with the European Regulation 2016/679 on the protection of personal data applicable since 25/05/2018.</p> <p><i>Note: Should you withdraw your consent, the parties will unfortunately not have the necessary information to organise a carefree family vacation together with Beyond the Moon.</i></p>	<input type="checkbox"/> yes, I have the right to withdraw my consent at any time	<input type="checkbox"/> no

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12	<b>SHOULD THERE BE A POSITIVE ANSWER/EVALUATION:</b> I/We authorise BEYOND THE MOON to disclose my/our surname, the first name of the sick child, our holiday destination, our travel dates, our place of residence and our telephone number to our sponsor to make his support more tangible and to allow him to contact me/us to announce our confirmed travel dates. <i>Note: Most of our sponsors choose to let Beyond the Moon announce the confirmed travel dates and to be the unique contact point for the family.</i>	<input type="checkbox"/> yes, I have the right to withdraw my consent at any time	<input type="checkbox"/> no
13	I/We accept that only BEYOND THE MOON will decide at its sole discretion whether or not to acknowledge this application for the granting of a cost-free all-inclusive family vacation.  I/We declare that I/we have received a copy of Beyond the Moon's privacy policy statement. Also available online via: <a href="http://www.beyondthemoon.org/en/privacy">www.beyondthemoon.org/en/privacy</a>	<input type="checkbox"/> yes  <input type="checkbox"/> yes	<input type="checkbox"/> no  <input type="checkbox"/> no
14	I/We hereby authorise the primary care physician or specialist of the child Sick child's first name & surname: ..... Sick child's birthdate (dd/mm/yyyy): ..... to fill in the "Patient Summary" form (see (*) IMPORTANT NOTE) and send it to Beyond the Moon so that – in case of a positive assessment – they have at their disposal all the necessary information for an optimal organisation of this carefree family vacation.	<input type="checkbox"/> yes	<input type="checkbox"/> no

Any additional information and important details we should be aware of that are not asked in this form:

.....

.....

.....

☐ I/We have read the selection criteria for the granting of a free Beyond the Moon vacation to a family with a sick child. (Available online via: <https://www.beyondthemoon.org/en/wat-we-do/offer-a-vacation/af>)

☐ I/We declare that this document was truthfully filled in and that the information provided is fully accurate.

Place: .....

Date (dd/mm/yyyy): .....

.....

Signature Mother/Tutor

.....

Signature Father/Tutor

.....

Signature young adult over the age of 16

.....

Signature young adult over the age of 16

.....

Signature young adult over the age of 16

.....

Signature young adult over the age of 16

(\*) IMPORTANT NOTE: Together with this document, the primary care physician needs - with your consent – to fill in the "**Patient Summary**" document as soon as possible in order for us to assess whether this application is eligible, and we can/may organise a family vacation for the sick child. Lastly, should this application lead to a Beyond the Moon vacation and the medical situation of the child does not (drastically) deteriorate, the doctor must sign the "**Medical Authorisation**" document for reassertion **no later than three weeks before the holiday departure date**. (Without such medical clearance, the Beyond the Moon family vacation cannot take place and will be cancelled.)

Beyond the Moon undertakes to solely use this personal data within the scope of the organisation of this family vacation, should it be granted to the aforementioned child and his/her family. To know more about our privacy policy: <http://www.beyondthemoon.org/en/privacy>



GDPR Compliant

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