* Required

The Durham Freemasons Charity - Committee of the Province of Durham

Please ensure you read all of the guidance **BEFORE** you complete the form.

- The application form must be completed in full all at once (you can not save and return later) Before starting to complete the form, it might be helpful to download a copy of all questions to assist in gathering the required information.

https://pgldformswebsitestorage.blob.core.windows.net/\$web/How%20to%20Guides.files/PDF/DB/DB-Maconic-

<u>Group-Break-Example.pdf</u>

It may be wise for the Lodge Durham Freemasons Charity Representative to be present when completing this form.

- You have read the **Guidelines for Durham Masonic Group Breaks** which can be found here https://pgldformswebsitestorage.blob.core.windows.net/\$web/How%20to%20Guides.files/PDF/DB/Group-BreakGuidance-for-Benevolent-Reps.pdf
- Please use a separate form for each applicant.

Durham Freemasons Charity Ltd

8 The Esplanade Sunderland SR2 7BH

Tel No: (0191) 567 5365 **Fax No:** (0191) 567 1276

Email: charity@durhamfreemasons.org
Website: www.durhamfreemasons.org
Registered Charity Number: 279313

Applicants Details

1.	Name. *
2.	Address. *
	Applicant Email Address. *
	Please ensure accuracy as a receipt of this submission will automatically be emailed to this address, as well as instructions for submitting additional supporting documents.

4. Phone Number.

	Please include area code.
5.	Mobile Number.
_	
6.	Date of Birth.
7.	Lodge Name and Number.
	Petitioner (or late Husband)
8.	Preferred Accommodation. *
	Double
	Single
	Twin (Not Sharing)
	Twin (Sharing with another single traveler)
9.	Do you use a wheelchair? *
	Yes
	O No
10	. Do you use walking aids? *
	Yes
	O No
11	. Do you wish to take a mobility scooter? *
	Only pre-agreed mobility scooters can be carried on the coach.
	○ Yes
	O No

12. Is this your **FIRST** Masonic Break? *

\bigcirc	Yes
\bigcirc	No
13. If N	IO in which year(s) did you attend? *
	2023
	2022
	2021
	2020
	2019
	2018
	2017
	2016
	2015
	2014
	More than 10 Years
14 Anv	special dietary, health or other requirements or observations.
14. Ally	special dictary, neutrino other requirements of observations.
15 Plea	se confirm that you can participate in the holiday independently. *
13. 1 100	Yes
0	No
16. Plea	se also confirm you can access the coach for transportation. *
\bigcirc	Yes
\bigcirc	No
17. Data	Protection Consent. *

By completing this form, i / the applicant, gives permission for this data to be held by the Provincial Grand Lodge of Durham, and may process personal data relating to me / the applicant for administration purposes.

Yes No (this will end the application) Costs The cost of the break is £350 per person and will be requested once your application has been successful. Financial support will only be considered for FIRST TIME APPLICANTS, or those in receipt of National or Provincial Masonic Charity Grants, State Benefit, and those who have a financial need.	
Costs The cost of the break is £350 per person and will be requested once your application has been successful. Financial support will only be considered for FIRST TIME APPLICANTS, or those in receipt of National or Provincial	
The cost of the break is £350 per person and will be requested once your application has been successful. Financial support will only be considered for FIRST TIME APPLICANTS, or those in receipt of National or Provincial	
masome enamy states, state benefit, and those who have a illialitial fiecu.	
If travel insurance is required, this is the responsibility of the person traveling.	
18. Would you like to apply for Financial Support? *	
Yes (You will be asked for a some financial details)	
O No (Continue to next section)	
10. Total Monthly Income *	
19. Total Monthly Income. *	
The value must be a number	
20. Total Monthly Expenditure. *	
The value must be a number	
21. Total Investments and Savings. *	
The value must be a number	
22 Lyangh and systify the above information *	
22. I vouch and certify the above information. * Yes	
No (this will end the application) Emergency Contact Details.	
23. Name of emergency contact.	

24. Address.

	Phone Number. Please include area code.
. 1	Mobile Number. *
,	Free I Address
. !	Email Address.
Cł	narity Representative / Visiting Volunteer.
	In my opinion the applicant is able to access the coach and participate in the holiday independently and will benefit from a Masonic Group Break.
	The financial disclosure, is to the best of my knowledge, correct and for consideration.
	○ Yes
	No (this will end the application)
. 1	Representative Name / Volunteer Name. *
. !	Lodge Name / Number. *
ı	Email Address. * Please ensure accuracy as a receipt of this submission will automatically be emailed to this address, as well as instructions for submitting additional supporting documents.