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Service and Disability Questionnaire

Details of RAF/Ex-RAF Person

Surname (Mr/Mrs/Miss) _____ Forenames _____

Address _____

Postcode _____ Telephone Number _____

Dates of service _____ to _____

Date of Birth _____ Service Number _____ Rank last held _____

Was service Regular, War Service or National Service? _____

Are you a War Pensioner? _____ If Yes, please state percentage disability awarded _____%

Details of Disabled Person (if different from above)

Surname (Mr/Mrs/Miss) _____ Forenames _____

Date of Birth _____ No. of dependant children _____

Relationship of disabled person to ex-RAF or RAF person (if not the same person)

Please state nature of disability _____

What effect does this have on mobility? _____

If they use a wheelchair, how often do they use the wheelchair?

Holiday location preferences _____

Preferred time of year for holiday _____

Could you take a holiday booking at short notice (2 months)? _____

Do you agree to this information being held on computer by the Trust? _____

Signature _____ Date _____

Your signature will be taken as confirmation that you will pay your own travel expenses and will provide your own nursing companion or helper, as necessary. However it should be noted that financial assistance with air fares may be available on a means-tested basis.

You may use the other side of this questionnaire for any additional helpful information.

How did you hear about the Trust? (please tick appropriate box)

- 1. Word of mouth
- 2. Royal Air Force on discharge
- 3. SSAFA, Forces Help
- 4. War Pensions Agency
- 5. RAF Benevolent Fund or RAFA
- 6. Other, please specify

Please note:

- Service details will be confirmed with RAF Records Office
- As the Trust only has a limited number of holidays available, holidays cannot be offered to those who are already bondholders with HPB.

When completed, please return this questionnaire to the address at the top.