DEBRA Members’ Weekend

Event application form

About the event application

Please complete the application form in full and refer to the event Terms and Conditions of booking for this event. If you need help completing this form or would like a copy by post, contact the Membership Team on 01344 771961 (option 1) or email [membership@debra.org.uk](mailto:membership@debra.org.uk).

**You should return this completed event application form by 31 January 2023.** This deadline may be brought forward and/or close early if the event reaches maximum number. You can email your application to the Membership Team via [membership@debra.org.uk](mailto:membership@debra.org.uk) or use the Freepost address below to post your application at no cost:

Freepost RUBE-CSCB-CGBR  
DEBRA  
The Capitol Building, Oldbury,  
Bracknell, Berkshire, RG12 8FZ

Bookings will be confirmed on a first come, first served basis. The Membership Team will contact you (by email or post) about the outcome of your application and advise you on what to do next.

Privacy Policy

We respect your privacy and will not pass your details on to any third party without your permission. Full details of DEBRA’s Privacy Policy can be found at [www.debra.org.uk/privacy](http://www.debra.org.uk/privacy).

If you are applying for accommodation, we will need to share some of your details with Drayton Manor Resort. We will only contact the person named as the main applicant in relation to this event booking.

The data on this form is being collected for the purposes of this event only. Once the event has taken place this form will be securely destroyed.

Don’t forget!

All applicants must be a DEBRA Member to attend Members’ Weekend. Visit our website to learn more about becoming a DEBRA Member [www.debra.org.uk/membership](http://www.debra.org.uk/membership) or contact the Membership Team on 01344 771961 (option 1) or email [membership@debra.org.uk](mailto:membership@debra.org.uk) for more information.

Event options

DEBRA Members’ Weekend is a highlight for many of our DEBRA Members. We want you to get the most out of your experience, so we offer three different packages for you to choose from:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Option A | Option B | Option C |
| Event(s) | Members’ Day | Members’ Day + Saturday evening | Members’ Day + Saturday evening + Sunday activity |
| Date(s) | 13 May 2023  (Saturday) | 13 - 14 May 2023  (Saturday - Sunday) | 13 - 14 May 2023 (Saturday - Sunday) |
| Charge (per adult) | £0.00 | £37.50 | £47.50 |
| Includes access/entry to | **Saturday daytime:**  Presentations  Breakout sessions  Catered lunch  Exhibition area | **Saturday daytime:**  Presentations  Breakout sessions  Catered lunch  Exhibition area  **Saturday evening:**  Drinks reception  Dinner & disco  Saturday overnight stay  Sunday breakfast | **Saturday daytime:**  Presentations  Breakout sessions  Catered lunch  Exhibition area  **Saturday evening:**  Drinks reception  Dinner & disco  Saturday overnight stay  Sunday breakfast  **Sunday activities at Drayton Manor:**  Theme Park  Zoo |

**Extended Overnight Stay Grant**

We aim to keep Members’ Weekend accessible and affordable for all our members, which is why we also have an Extended Overnight Stay Grant for those who qualify for it – available for event attendees living 150+ miles away from the venue and/or attendees needing substantial time for dressing changes.

At an additional charge of only £37.50 per adult, this grant includes a Friday evening meal, Friday overnight stay and Saturday morning breakfast. You must submit a completed grant application form along with this event application form to be considered.

Guidance notes for the event application form

## Main applicant

The main applicant is the person DEBRA will stay in touch with about important and necessary event updates, including any changes or payment requirements.

## Payment

This table should be completed to include all adults (18+) in your group attending the event, as there is a charge for adults for certain part of the event and/or activities. To get the totals for each row, you should multiply the number of adults by the fee.

As an example, if you have 2 adults in your group attending Option B (Saturday daytime & evening) and are applying for the Extended Overnight Stay Grant, you will complete the table as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Options | Number of  adults | Fee  (per adult) | Total Fees |
| Option A | - | £0.00 | - |
| Option B | 2 | £37.50 | £75.00 |
| Option C | - | £47.50 | - |
| Extended Overnight Stay Grant | 2 | £37.50 | £75.00 |
|  |  | **Total** | **£150.00** |

## Applicants

The information provided in this section will help us better understand your needs and how we may need to liaise with our suppliers – e.g. requesting additional spaces at tables for wheelchair users.

List all attendees within your application (adults and children and young people). Everyone must live at the same address; you should use a separate application form for individuals living at another address.

* **Rows** – a row should be completed for every individual living at the same address who will be attending Members’ Weekend; you should include the main applicant’s details in Row 1.
* **EB type** – the main types of EB include EB Simplex (EBS), Dystrophic EB (DEB), Junctional EB (JEB) and Kindler EB (KEB). Please write N/A if the person does not have EB.
* **Relationship to main applicant** – please write the type of relationship this person has to the main applicant (the person listed in Row 1), such as parent/guardian, sibling, carer, etc.
* **Wheelchair user** – write yes if this person is a wheelchair user; write no if they do not use a wheelchair.

DEBRA Members’ Weekend

Event application

Main applicant

|  |
| --- |
| Date |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Last name | Email address | Phone number |
|  |  |  |  |

|  |  |
| --- | --- |
| Home address | Post code |
|  |  |

|  |
| --- |
| Why are you applying to attend this event? |
|  |

Payment

The amount for my application is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Options | Number of  adults | Fee  (per adult) | Total Fees |
| Option A |  | £0.00 |  |
| Option B |  | £37.50 |  |
| Option C |  | £47.50 |  |
| Extended Overnight Stay Grant |  | £37.50 |  |
|  |  | **Total** |  |

If your application is successful, payment will be required, and you will be sent details of how to make your payment to DEBRA. If you require a payment plan, contact the Membership Team on 01344 771961 (option 1) or email [membership@debra.org.uk](mailto:membership@debra.org.uk).

## Applicants

I/We wish to apply for:  **Option A** – £0.00  **Option B** – £37.50 per adult  **Option C** – £47.50 per adult

I/We will also apply for: **Extended Overnight Stay Grant** – £37.50 per adult; separate Ts &Cs apply

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | First name | Last name | EB type | Relationship to  main applicant | Age | Wheelchair user | Dietary requirements |
| 1 |  |  |  | **Main applicant** |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

We will try to accommodate additional requests (such as cots, highchairs, etc.), but these cannot be guaranteed. Please mark the relevant box(es) to make your request. If there are more than 8 people in your group (all living at the same address) or you require more additional items than the numbers shown below, contact the Membership Team on 01344 771961 (option 1) or email [membership@debra.org.uk](mailto:membership@debra.org.uk).  
  
 **Cots**:  1  2  3  4 **Highchairs**:  1  2  3  4

**Accessible bedrooms**:  1  2  3  4 **Twin room**:  1  2  3  4

## Declaration

I confirm that I have read and understood the Terms and Conditions of booking for this event and agree to abide by the rules set by DEBRA.

I agree to DEBRA to sharing my details with Drayton Manor Resort for the purpose of any accommodation booking I have applied for and/or dietary needs, if applicable.

|  |
| --- |
| Main applicant (first and last name) |
|  |

|  |  |
| --- | --- |
| Signature | Date |
|  |  |