



Cuisle Holiday Centre
Donamon,
Co. Roscommon.
090 6662277
cuisle@iwa.ie
www.cuisle.ie

Booking Form



Dear Guest

Cuisle Holiday Centre offers great hospitality in a relaxed atmosphere with a friendly service. To get the most out of your holiday we ask intending guests to complete our booking form.

Guests who require no supports during their holiday are requested to complete PARTS A, B, C, G, and return the signed Booking form to the holiday centre.

Guests who require supports during their holiday are requested to complete ALL PARTS. The signed Booking form and prescription sheet (if applicable) is returned to the holiday centre. Information shared on the Booking Form is treated as confidential and only used to plan a safe and enjoyable holiday for each individual guest.

PART A.

Name (block capitals) _____

Address _____

Phone No _____ Email _____

Date of Birth ____/____/____ Nature of Disability _____

Medical Card No. _____

G.P. _____ G.P. Phone No _____

G.P. Address _____

Please advise who Cuisle Holiday Centre should contact in the event of an urgent situation

Name _____

Address _____

Phone No (home) _____ Phone No (work/mobile) _____

Communication

Let us know if you communicate through any of the following methods – please tick

Sign Language	Communication Charts	Communication Aids	Other (please specify)
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PART B. Interests

We utilise local amenities and events please tick what would be of interest to you

Cinema	Eating Out	Pub	Theatre
Shopping	Historical Sites	Gym	Fishing
Bowling	Massage	Jacuzzi	Picnics
Seaside	Hairdressing	Sauna	Rest & Relaxation

PART C. Food Preferences

If you follow a special diet – please tick

Sugar Free	Gluten Free	Diary Free	Low Fat	Other (please specify)
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If you have any food allergies or intolerances – please tick

Yes	No	If yes please specify
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PART D. Aids and Appliances

We recommend that you bring your personal equipment with you. In Cuisle we have Invacare, Arjo maxi twin and stand up hoists. Please bring your own sling if possible

Please tick if you (1) **use** any of the following and (2) are planning to **bring** the equipment with you

	Use	Bringing		Use	Bringing		Use	Bringing
Walking Aid			Eating Utensils			Bed Sides		
Manual Chair			Hoist			Shower Chair		
Power Chair			Perching Stool			Profiling/Electric Bed		
Transfer Board			Oxygen			Air Flow Mattress		
Catheters			Pads					
Other (please specify)								

PART E. Assistance and Support

Please tick if you require / prefer assistance with any of the following

	Yes	No		Yes	No		Yes	No
Washing			Dressing			Transfers		
Showering/Bathing			Shaving			Mealtimes		
Toileting			Walking			Turning at night (number of times)	<input type="text"/>	

Please include any further information you think may be important for your holiday

PART F. Medical / Health Requirements

Please tick what supports you require so nursing care will be in place for your holiday

	Yes	No	If Yes (please specify)
Do you require support to take your medication			

Guests who require support to take their medication will be required to have their G.P. complete a Prescription Sheet (J) and ensure their medicines are Blister Packed by a pharmacy. Your local pharmacy usually provides the blister pack service free of charge and it will need to be pre-booked.

Do you require assistance with the following please tick

Dressings		Injections		Bowel Evacuations		Catheterisation		Other (please specify)
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Do you have any difficulty with the following please tick

Any broken areas on the skin		Swallow		Hearing		Please specify supports required
Memory		Vision				

Do you have any ongoing medical condition, or are you currently receiving treatment for any condition?

Part G.

Date _____ Signature _____

(To be signed by parent / guardian if guest is under 18 years)

Next steps after completing the Booking form

1. Guests who require no supports during their holiday are requested to complete part A, B, C, G and Leisure Suite Consent and return the signed forms directly to Cuisle Holiday Centre.
2. Guests who require supports during their holiday are requested to complete all relevant sections of the form specifically the Prescription sheet (if applicable) and return the signed forms directly to Cuisle Holiday Centre.

Guests who require supports may receive a follow up call from a Cuisle holiday staff member to -

- Plan your individual supports with you.
- Provide an opportunity for you to raise any concerns or issues that you may have in relation to the holiday.

If you require assistance in communication you may wish to nominate a person / advocate to support you with the rest of the Holiday booking process.

PART H. Nominated Person

Name _____

Phone No _____ Mobile No _____

Send your completed Booking form to - **Cuisle Holiday Centre, Donamon, Co. Roscommon**

Pease feel free to come and visit Cuisle Holiday Centre prior to your planned holiday or contact us on 090 6662277 or cuisle@iwa.ie in relation to any queries.



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**Medication Consent
Form**



PART I.

Please sign either A or B.

A. I consent to have my medications administered by Cuisle Holiday staff from my bubble pack.

Name _____

Address _____

Date _____ **Signature** _____

(To be signed by parent/guardian if guest is under 18)

B. I wish to administer my own medication and take full responsibility for its safe keeping during my holiday.

Name _____

Address _____

Date _____ **Signature** _____

(To be signed by parent/guardian if guest is under 18)



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Prescription Sheet



PART J. To be completed, signed and dated by G.P. Please Print Clearly

Guest Name _____ **Address** _____

Phone No _____

Date	Drug (BLOCK LETTERS)	Dose	Frequency of Administration	Method of Administration	Doctor's Signature	Discontinued Date	Initials
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
If your patient requires Analgesia i.e. Panadol, Aperients, Inhalers etc. Please describe below							
	A						
	B						
	C						
	D						

Doctors Name _____ **Phone** _____ **Fax No** _____

Address _____

Doctors Signature _____



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Spa Pool & Sauna
Consent Form



PART K.

Consent Form to be completed by your G.P. (Part A) and by You (Part B), if you would like to use Cuisle Leisure Facilities e.g. Spa Pool and Sauna.

A. Completed By G.P

The Cuisle Leisure Facilities are suitable for this guest.

Name _____

Address _____

Date _____ **G.P. Signature** _____

B. Completed By Guest

I confirm that I have read and agree to abide by Cuisle's Leisure Suite Guidelines. I am aware of the associated risks.

I understand that Cuisle Holiday Centre accepts no responsibility whatsoever for any injuries/damage sustained in respect of the use of the Leisure Facilities.

I confirm that I have read, understood and agree with contents of this consent form in its entirety.

Name _____

Address _____

Date _____ **Signature** _____

(Guests under 18 years of age not permitted to use facilities)



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Spa Pool & Sauna Guidelines



We recommend that you do not use the Sauna or Spa Pool if you are

- Pregnant
- Suffer from heart disease or circulatory problems, high or low blood pressure, or from any condition which may affect your reaction to heat.
- Are suffering from infectious skin diseases, sores or wounds
- Are suffering from an illness causing an inability to perspire (sauna only)
- Are taking anti-coagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics or tranquillisers or any other medication whatsoever which makes you unsure as to the advisability of using saunas or spa pools.
- Have had a heavy meal within one and a half hours.
- Have consumed alcohol within one and a half hours.
- Have recently exercised. Time should be allowed to enable body temperature to return to normal levels (sauna only)
- Suffer from any condition whatsoever which makes you unsure as to the advisability of using a sauna.

Operating guidelines for uses of Spa Pool and Sauna

- Guests under 18 years are not permitted to use the facilities
- A staff member will be on duty at all times when the leisure suite is open.
- All guests must have a consent form signed by their G.P. before using the facilities.
- All guests must sign Cuisle's consent form before using the facilities
- Swimwear must be worn at all times.
- Footwear must be worn at all times.

How to use the Sauna & Spa Pool safely

- Try not to use the sauna or spa pool alone. If possible bring a friend and always ensure a member of staff knows you are in the sauna or spa pool.
- Do not take breakable cups or glass into the sauna or spa pool.
- Undress and place belongings in a locker or other secure place.
- Remove any make-up and take a thorough shower.

Sauna

- Use a towel to sit or lie on.
- Enter the sauna cabin and sit or lie on a bench or platform at a height which is comfortable.
- Relax for 8 to 10 minutes in the dry heat. This will raise the body temperature and the perspiration will clean the pores of the skin.
- Leave the sauna and immediately take a cold shower.
- Return to the sauna for a further 5 to 10 minutes.
- Pour one to two ladles of water onto the rocks to produce steam and add more to the rocks at intervals. Stand arms length away as rising steam can cause burns/scalds. Ask for staff assistance if required.
- The hot/cold cycle can be repeated as often as comfort allows. Too long an exposure may result in nausea, dizziness or fainting.
- When you are ready to complete the sauna session, leave the sauna and take a final shower.
- Relax for 15 to 20 minutes, or until the body temperature has returned to near normal before dressing.
- During sauna bathing, drink plenty of fluids to replace those lost during perspiration, but avoid alcohol.
- If at any time in the sauna any feelings of illness are experienced leave the sauna immediately and consult with staff or seek medical advice if necessary.

Spa Pool

- Identify the correct entry point to the spa pool, as when the water is turbulent, it may not be possible to see the steps
- Enter the spa with care , if possible sitting down on the side of the spa pool to do so
- Bathe for 12 to 20 minutes in the spa pool or less if it is not comfortable or in accordance with the time sequence of the pool operation
- Leave the spa pool with care, use the steps provided or sit on the side of the pool before standing
- Relax for between 10 and 20 minutes before returning to the spa pool
- Repeat the process as often as comfort allows. Too long an exposure may result in nausea, dizziness or fainting
- On completing the bathing cycle, leave the spa pool and enjoy a warm shower and relax, have a soft drink
- If at any time in the spa pool any feelings of illness are experienced leave the spa pool immediately and consult with staff or seek medical advice if necessary.