

APPLICATION FOR TERM-TIME HOLIDAY LEAVE FOR:

NAMES	
D.O.B.	
LEGAL STATUS	

CARERS

NAME	
ADDRESS	

DATE PLACEMENT COMMENCED	
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DETAILS OF THE PROPOSED HOLIDAY:

DATES	

REASON FOR THE HOLIDAY (AND BENEFIT FOR THE CHILD/REN):

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ADDITIONAL INFORMATION: (Please use this space to add additional comments as to the intended benefits to the child / children)

VIEWS OF YOUNG PERSON: (as appropriate)

VIEWS OF BIRTH FAMILY: (if known)

VIEWS OF DESIGNATED TEACHER:

CONSENT OF HEAD TEACHER:

YES		NO	
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SOCIAL WORKERS VIEWS:

Social Worker Completing this Form	

APPROVAL:

CCOPS Service Manager	Signed		Dated	
Cost if Necessary Service Manager FPT	Signed		Dated	
Assistant Director Approved	Signed		Dated	