

HALLAM DIOCESAN LOURDES PILGRIMAGE 2017

Under the Leadership of Bishop Ralph Heskett, CSsR



2 JULY - 7 JULY 2017 | BY AIR FROM DONCASTER AIRPORT



£697

Hallam Lourdes Pilgrimage Office

Please contact Rose Shay Tel: 07724 650 066

Tuesday & Wednesday all day, other weekdays after 6.30pm

or Alex Prior, Pilgrimage Director Tel: 01302 247910

hallamlourdespilgrimage@gmail.com

- Direct flight from Doncaster to Lourdes & return
- Transfer on arrival at Lourdes Airport to your hotel and return
- 5 nights' accommodation
- Breakfast, lunch and dinner served each day
- Hotels to be allocated by the pilgrimage organisers
- Airport taxes and charges, UK government levy and Lourdes city tax
- Comprehensive travel insurance (or deduct £28 if you have your own policy)
- Full religious programme led by Bishop Ralph Heskett, CSsR
- Pilgrimage Prayer Book & Badge
- Includes €5 contribution per pilgrim as requested by the Sanctuary
- One standard piece of check-in luggage subject to airline's conditions

BOOKING PROCEDURE

All Bookings on the Pilgrimage should be made through the **Hallam Lourdes Pilgrimage Office, Sacred Heart Presbytery, 44 Warmsworth Road, Balby, Doncaster DN4 0RR.**

All pilgrims are required to complete the Pilgrimage Health form included in this booking form.

Your booking is not firm until we have received a completed form (*including Pilgrimage Health form*) and payment of non-refundable deposit. **Pilgrims' fares are held by Joe Walsh Tours and protected by ATOL 5163. Cheques should be made payable to Hallam Lourdes Pilgrimage.**

2017 Theme - The Almighty has done great things for me!

Lourdes is a place of healing. A place of conversion of hearts. A place of hope, and of renewal for a life called to spread the Word. Pope Francis says *"The Magnificat is the song of hope. The song of the People of God walking through history... For us Christians, wherever the Cross is, there is hope, always. If there is no hope, we are not Christian."*

We go on Pilgrimage to Lourdes together - the young & the elderly, the healthy and those who have health problems - we serve each other, in different ways.

Our Pilgrimage includes a willing group of volunteers, including doctors, nurses, adult helpers and young people, who are there to provide assistance on the journey and in Lourdes. Old age, disability, frailty and ill health should not prevent you joining the Pilgrimage. However, if you think you may need help it is essential that you speak to the medical team prior to the Pilgrimage. They can be contacted through the numbers above.



Tour Operator: www.joewalshstours.co.uk | info@joewalshstours.co.uk | 143 Lower Baggot Street, Dublin 2

FOLLOW:  **Joe Walsh Tours Pilgrimages**  **@JWTPilgrimages**    **Joe Walsh Tours**

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INSURANCE:

Comprehensive travel insurance is included in the price. Should you wish to use your own travel insurance and opt out of that provided, you can deduct £28 from the package price. Information on your own travel insurance must be provided on this booking form.

CANCELLATIONS:

All cancellations will incur an excess charge of £150.

HOTELS:

We have made arrangements to reserve the best accommodation available in a good range of hotels, well known for their kind attention and good service. Please note the cost is based on sharing a twin or triple room with private facilities.

SINGLE ROOMS:

These are very limited and subject to availability at a supplementary charge of **£150**. Your kind cooperation in agreeing to share a twin or triple room, if at all possible, will be much appreciated.

MEDICAL & OTHER MISCELLANEOUS CHARGES:

Please note these charges in total are the direct responsibility of the pilgrim or their legal guardian/next of kin. All travellers must have a **European Health Insurance** card formerly **E111** (this card can be applied for or renewed online at www.ehic.org.uk or Tel: 0300 330 1350).

Please note that all Pilgrims must complete the Pilgrimage Health form in this booking form and declare any medical condition which has required medical advice, treatment, medication or hospitalisation during the last 18 months.

NOTICE TO PASSENGERS:

The flying time to Lourdes is approximately 2 hours. Basic catering consisting of tea/coffee/biscuits will be provided on flights to Lourdes.

PASSPORT:

EVERY PERSON TRAVELLING TO FRANCE MUST HAVE A VALID UP-TO-DATE PASSPORT. If you already have a passport, please check now that it will be valid for travel three months beyond 7th July 2017.

PAYMENTS:

Balance of fare is due by 21st April 2017. Joe Walsh Tours and the Pilgrimage Committee shall be entitled at their discretion to treat as cancelled any booking in respect of which the balance of fare shall not have been remitted ten weeks before the date of departure.

FINAL INSTRUCTIONS:

Full information and luggage labels will be sent to you within 10 days prior to the departure date of the Pilgrimage. Final flight timings will be confirmed at this point.

WHEELCHAIRS:

PLEASE NOTE: Wheelchairs are not included in your travel insurance cover. We recommend separate insurance cover.

VISAS:

Holders of non-EU passports must check with the French consulate as to whether or not they require a visa.

DONCASTER AIRPORT:

The pilgrimage departs from, and returns, to Doncaster Airport. **Pilgrims are responsible for their own transport arrangements to and from the airport.**

ATOL PROTECTION:

This Pilgrimage is financially protected by the ATOL scheme. When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. For more information about financial protection and the ATOL Certificate log on to: www.atol.org.uk/ATOLCertificate.

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FULL NAME AS IT APPEARS ON YOUR PASSPORT

Surname	First Name(s) (AS PASSPORT)	Title	Date of Birth	Passport No.	Passport Issue date	Passport Expiry date
Address (BLOCK CAPITALS)				Post Code	Nationality	Country of issue

Preferred first name <i>(for pilgrimage badge)</i>	European Health Insurance Card (EHIC) Number	EHIC Expiry date	Home Tel No.	Mobile No.

Email:

Religion:

Parish:

Details of Emergency Contact while abroad

Name	Telephone Number
Relationship	Mobile Phone Number

Travel Insurance:

Comprehensive travel insurance is essential and is included in the price. Please note the EHIC is NOT a substitute for travel insurance. Please tick if you do not require travel insurance and give the details of your own travel insurance policy below.

I **DO NOT** require travel insurance *deduct £28 from the price*

If insurance not required, please provide details of your own travel insurance:

Name:	Insurer:
Policy No.	Insurance company's Emergency No.



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BOOKING FORM CONTINUED

PLEASE NOTE: Accommodation in Lourdes is on a Full Board basis in one of five good quality hotels (minimum 3 star) with en-suite bathroom. Hotel accommodation is allocated by the pilgrimage organisers by reference to the medical needs of pilgrims, the availability of rooms in each hotel, and parish groups. Please indicate if you are travelling with other pilgrims/group and give details below to assist in hotel allocation:

Group / Parish: (Name)

Single Room	<input type="checkbox"/>	(Subject to availability supplement of £150)	
Twin Room	<input type="checkbox"/>	Double Room	<input type="checkbox"/>
Disabled Room	<input type="checkbox"/>	Triple Room (3 single beds) <input type="checkbox"/>	

Assistance Required:

Loan wheelchair at airport Loan wheelchair in Lourdes Own wheelchair

VOLUNTEERS

We welcome all volunteers who are willing to help on the Pilgrimage.

Please tick if you are willing to help:

Doctor Nurse Helper

PLEASE NOTE: Before appointment, according to Safeguarding of Young Persons and other Vulnerable People Procedures, all new volunteers are asked to undertake a check with the Disclosure & Barring Service, to provide references and to meet informally with a member of the Pilgrimage Steering Committee.

If you are volunteering it is essential that you attend the preparation days, the dates of which will be notified to you on receipt of your application. Volunteers are asked to return this booking form by 9th April 2017.

Is this your first pilgrimage with the Hallam Diocesan Pilgrimage to Lourdes? Yes No

PAYMENT DEPOSIT:

I enclose £150 deposit. The required minimum deposit of £150 per person is **NON-REFUNDABLE** on cancellation of booking

CHEQUES:

Should be made payable to **Hallam Lourdes Pilgrimage**. Balance due by **21st April 2017**.

Please return this booking form to:

**Hallam Lourdes Pilgrimage Office,
Sacred Heart Presbytery,
44 Warmsworth Road, Balby,
Doncaster. DN4 0RR**

If you have any queries about the pilgrimage please telephone Rose Shay on **07724 650 066** or Alex Prior, Pilgrimage Director on **01302 247910** Email: hallamlourdespilgrimage@gmail.com

INFORMATION PROVIDED ON THIS FORM WILL BE HELD BY THE DIOCESE OF HALLAM LOURDES PILGRIMAGE AND JOE WALSH TOURS AND ASSOCIATED ORGANISATIONS, FOR THE PURPOSES OF THE HALLAM DIOCESAN PILGRIMAGE TO LOURDES AND MAY BE SHARED WITH THIRD PARTIES ASSOCIATED WITH LOURDES FOR THAT PURPOSE. INFORMATION PROVIDED MAY ALSO BE USED TO SEND YOU DETAILS / UPDATES CONCERNING THE PILGRIMAGE.

I accept the booking conditions of Joe Walsh Tours which can be found on www.joewalstours.co.uk

Signature _____ Date: _____



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PILGRIMAGE HEALTH FORM

TO BE COMPLETED BY ALL PILGRIMS

Diocese of Hallam Lourdes Pilgrimage 2017. A branch of The Roman Catholic Diocese of Hallam Trust

Registered Charity No. 512021

PRIVATE & CONFIDENTIAL

This Form is to be completed by ALL Pilgrims.

Any change to your circumstances between completion of this form and travel to Lourdes should be notified to the Pilgrimage.

Tel: 07724 650066 or 01302 247910

PLEASE NOTE: Failure to supply relevant information may invalidate your travel insurance, and may lead to us not being able to accept you for travel on the pilgrimage.

PLEASE BE AWARE: Occasionally pilgrim's medical/ care/ needs are not able to be accommodated and in some circumstances the doctor or nurse may need to contact you.

Name	Date of Birth	Address (BLOCK CAPITALS)

Post Code	Tel No.	Mobile No.

My last Pilgrimage to Lourdes was in _____ / This is my first time

Do you take any regular medications? If YES please include a copy of your prescription with this application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES does it need to be kept cool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any present or past significant medical problems? If YES please list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help from a nurse or a carer during the pilgrimage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone help care for you regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES, please tick as appropriate, help needed with:

1a Getting in / out of bed	Yes <input type="checkbox"/>	10 Using telephone	Yes <input type="checkbox"/>
b Transferring into / out of chair	Yes <input type="checkbox"/>	11 Going outside	Yes <input type="checkbox"/>
2 Moving about the house	Yes <input type="checkbox"/>	12 Organising transport	Yes <input type="checkbox"/>
3 Washing / bathing	Yes <input type="checkbox"/>	13 Leisure activities	Yes <input type="checkbox"/>
4 Going to the toilet	Yes <input type="checkbox"/>	14 Shopping	Yes <input type="checkbox"/>
5 Dressing	Yes <input type="checkbox"/>	15 Supervision	Yes <input type="checkbox"/>
6 Assistance with meal preparation	Yes <input type="checkbox"/>	16 Do you get confused at times?	Yes <input type="checkbox"/>
7 Assistance with feeding	Yes <input type="checkbox"/>	17 Do you get forgetful at times?	Yes <input type="checkbox"/>
8 Help with medication	Yes <input type="checkbox"/>	18 Wound dressing	Yes <input type="checkbox"/>
9 Household chores	Yes <input type="checkbox"/>	Other (please specify)	

Do you need the facilities of a disabled room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a family member of carer accompanying you to Lourdes? If YES please give name	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you sharing a room with them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need any help with your care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any visual impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any hearing impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need any of the following whilst in Lourdes: Electric Bed <input type="checkbox"/> Toilet Aids (e.g. raised seat, frame) <input type="checkbox"/> Walking Frame <input type="checkbox"/>		



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PILGRIMAGE HEALTH FORM CONTINUED

Walking / Mobility

I am wheelchair bound all the time ① **Yes** **No** Do you need a stick or walking aid? ② **Yes** **No**

Please tick the **MOST MOBILE** which applies

WITH ASSISTANCE, I CAN	Stand ③ <input type="checkbox"/>	Walk a few steps ④ <input type="checkbox"/>	Walk across a room ⑤ <input type="checkbox"/>
	Board a coach ⑥ <input type="checkbox"/>	Walk from aircraft door to seat ⑦ <input type="checkbox"/>	Walk up the aircraft steps ⑧ <input type="checkbox"/>
WITHOUT ASSISTANCE, I CAN	Stand ⑨ <input type="checkbox"/>	Walk a few steps ⑩ <input type="checkbox"/>	Walk across a room ⑪ <input type="checkbox"/>
	Board a coach ⑫ <input type="checkbox"/>	Walk from aircraft door to seat ⑬ <input type="checkbox"/>	Walk up the aircraft steps ⑭ <input type="checkbox"/>
	Walk any distance ⑮ <input type="checkbox"/>		

Do you: need a wheelchair during the pilgrimage? **Yes** **No**
 If **YES**, please indicate your weight **Kgs**
 If **YES**, please indicate your height **(m)**

If **YES**, are you bringing your own wheelchair? **Yes** **No**

If **YES**, please tick: Ordinary wheelchair Powered wheelchair Powered scooter

NOTE: There is limited capacity in the aircraft to carry motorised wheelchairs/scooters and we may not be able to accept all requests. You MUST provide the Pilgrimage Office with the weight and dimensions of motorised wheelchairs/scooters at least 6 weeks before travel so that we can seek acceptance from the airline.

If **YES**, please attach your name to the wheelchair AND on the seat cushion and if powered, please provide and attach clear, written instructions on how to disconnect and re-connect the battery

If **NO**: do you require a loan wheelchair at the airport? **Yes** **No**
 do you require a loan wheelchair in Lourdes? **Yes** **No**

Dietary Requirements

Do you have a special diet? **Yes** **No**
 If **YES**, please specify *e.g. gluten free, no nuts, diabetic etc...*

Does your food need to be liquidized or pureed? **Yes** **No**

Do you have any allergies?	Foods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If **YES**, please specify

Next of Kin

Name of next of Kin	Relation
Contact Telephone No.	Mobile Tel No.

PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR DOCTOR

Name	Address (BLOCK CAPITALS)	Post Code

Telephone No.

Please indicate that you are happy for the pilgrimage doctor to contact your GP if they think it necessary **Yes** **No**

If you tick **NO**, the Pilgrimage Doctor may need to contact you to seek permission

It is essential that you enclose a copy of your prescription OR provide FULL details of ALL your medication. Please ensure that you have an adequate supply of medication / dressings etc. with you both to cover the pilgrimage and any unforeseen travel delays either in England or France. Remember, although most medications can be obtained in France they are expensive and the cost will be yours, as they are NOT covered by the insurance.

The information you have supplied will be securely stored on the pilgrimage database and shared only with the nurses and doctors caring for you on your pilgrimage and other helpers where it is necessary to do so, as determined by the pilgrimage clinical team. It may also be shared anonymously, for research purposes with the Medical Bureau of the Sanctuary in Lourdes.

I give my permission for my information to be shared as indicated above

Pilgrim's Signature **Date**

PLEASE RETURN THIS FORM TO THE PILGRIMAGE OFFICE WITH YOUR BOOKING FORM