

Accessibility Checklist

Tell us about you, so we can make sure your holiday is amazing!

Your holiday is important to us. If you have a disability or medical condition that requires special transport, accommodation, equipment or medication we strongly recommend that you fill in this form. You only need to share with us what you feel comfortable with, but we can assure you that any information you provide will be treated absolutely confidentially. We will use your answers to ensure that the transport, facilities and services are all in place for you to have a stress free adventure.

Your Details —		
Lead Passenger Name :*	Shefali Test	
Enquiry Reference Number:*	OH618039	
Number of passengers that require assistance?*	1 2 3 4 5 6	
Passenger 1 Name:*	Test	
	How Can We Help?	-
Passenger 1 "Test"		
Will you be answering this form	on behalf of yourself or someone else in your party? *	
Myself	Test	
How would you describe the are	a(s) in which test may require special assistance? Please tick all	that apply*
Physical	Vision Hearing	Cognitive
Other (please specify)		
	Getting Around	-
	tely 50 metres without assistance?* ralking in and out of an airplane, stepping into or out of a ng/disembarking a cruise ship.	Yes No
Does test use a wheelchair whils	t travelling?*	Yes No

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~	Yes	No

	Wheel	chair Details	_
Will test be taking their o	own wheelchair?		Yes No
Will test need a wheelch	air or mobility scooter at the airpo	ort or the destination resort?	Yes No
Is their wheelchair batte If an airline or ship doesn't anyway for safety reasons.	ry powered? ask you for information on your whee	elchair battery, you should tell them	Yes No
Please enter the weight o	of their wheelchair (in lbs)?		
What are the dimension	s of their wheelchair?		
When OPEN:	Height (cm)	Width (cm)	Depth (cm)
When FOLDED:	Height (cm)	Width (cm)	Depth (cm)
	ded, can you board/leave a stando n a companion you are travelling w	ard coach without additional vith? Some coaches may have 3 or 4	Yes No
Will test require an adapt	ed personal vehicle, such as a car o	or van in resort?	Yes No
	Travelling on a	Plane, Coach or Ship	_
	vith a companion who will be able et in and out of buildings/ planes/o		Yes No
	est do the following without requite they are accompanied by someone w	_	
Breathe without suppleme	entary oxygen:	Yes	No
Feed Yourself:		Yes	No

Administer your own medication if needed:	Yes	No
Use toilet facilities:	Yes	No
Escape from plane/ship in an emergency:	Yes	No
Lift yourself in or out of your seat:	Yes	No
When travelling by plane, is it best for test to sit by a toilet?	Yes	No
When travelling by plane, is it best for test to sit by an aisle?	Yes	No
When travelling by plane, is there a section of the plane that is best for test to sit in?	Front	Middle Back
Would you like us to inform the airline of your seating preferences?	Yes	No
When travelling by plane, does test have any specific dietary requirements or meal requests?		
Some airlines may, on request, will make reasonable efforts to arrange s are subject to both the requirements and availability.	seating to meet your disability nee	ds. These are not guaranteed and
Medication ar	nd Oxygen	_
Will test be taking prescribed medication with them on holiday? Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaTh	dvise checking with your	Yes No
Some countries restrict the types of medication you can carry. We a	dvise checking with your	Yes No
Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaTheodore 1) Does test have any medication that will require refrigeration?	dvise checking with your	
Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaThe Does test have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room)	dvise checking with your 1Nac) before departure.	Yes No
Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaThe Does test have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Is test likely to require supplementary oxygen?	dvise checking with your 1Nac) before departure.	Yes No
Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaThe Does test have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Is test likely to require supplementary oxygen? Accommodati	dvise checking with your dNac) before departure. on Details Hotel/Ship	Yes No Yes No
Some countries restrict the types of medication you can carry. We a doctor and the National Travel Health Network and Centre (NaThe Does test have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Is test likely to require supplementary oxygen? Accommodation Type Home/Villa Although we do our best to confirm that your villa requirements care	dvise checking with your dNac) before departure. on Details Hotel/Ship	Yes No Yes No

A bedroom on the ground floor?	Yes	No
A bathroom on the ground floor?	Yes	No
An adapted bathroom?	Yes	No
A shower with handrail?	Yes	No
Roll in bathroom / shower? (with no step)	Yes	No
A walk in shower? (May have a small step)	Yes	No
Lower entry shower with seat?	Yes	No
Lowered work surfaces on sinks	Yes	No
A fridge?	Yes	No
An accessible telephone?	Yes	No
Vibrating pads for alarm / alarm clock?	Yes	No
Regarding wheelchairs, does test require:		
No carpets?	Yes	No
Wide door frames?	Yes	No
Extra space to get around home?	Yes	No
Pool area to be large enough to get your wheelchair around the outside?	Yes	No
Does test require a hoist for the:		
Bed?	Yes	No
Bath?	Yes	No
Pool?	Yes	No

Please note that most homes will have al least 1 step into the home.

Any other requirements? Please specify:

How many steps are you able to walk up/down unaided?		
Do you prefer a room on a particular floor?	Yes No	
Do you prefer a room that is close to a lift?	Yes No	
Please tick any special facilities you require in your room	n:	
Grab Rails	Accessible Telephone	
Vibrating pads for alarm / alarm clock	Fridge	
Adjustable Bed Height	Level Entry Shower	
TV with Teletext	Washbasin with lever taps	
Hoist for the Bed		
Other (please specify):		
Important Notice The above information will be passed to suppliers responsible f the requirements requested but as all requirements are differen	for facilitating your travel arrangements. The suppliers will do their best to n It we cannot guarantee they will be met.	
We hope that this covers all the necessary questions to mal haven't asked you, or any thing else you think you may nee	ke sure your holiday goes perfectly. If there is anything you think we d, please let us know below:	









