

## **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 :*	Pooja Multi			
Enquiry Reference Number:*	OH617554			
Number of passengers that require assistance?*	1 2 3 4 5 6			
Passenger 1 Name:*	Test Name			
	How Can We Help? —			
Passenger 1 "Test Name"				
Will you be answering this form on behalf of yourself or someone else in your party? *				
Myself	Test Name			
How would you describe the are	a(s) in which Test name may require special assistance? Please tick all that apply*			
Physical	Vision Hearing Cognitive			
Other (please specify)				
	Getting Around —			
Can Test name walk more than 500 metres (0.3 miles) without assistance?*  You may not always need assistance, but sometimes the distances at an airport or on a ship can be longer than you think.				
	their own in an unfamiliar place without assistance?* impairment or become confused in unfamiliar places such as			

If No, please give details:*	f			
Does Test name use a wheelchair whilst travelling?*			Yes	No
Would you like us to send you a complimentary Hidden Disabilities Sunflower lanyard for Test name?*			Yes	No
	Wheelchair D	etails		_
Will Test name be taking their	own wheelchair?		Yes	No
Would you like us to register Test name's wheelchair with the airline?			Yes	No
Will Test name need a wheelch	air or mobility scooter at the airport	or the destination resort?	Yes	No
Is their wheelchair battery pow If an airline or ship doesn't ask you anyway for safety reasons.	ered? for information on your wheelchair batt	ery, you should tell them	Yes	No
	nn you board/leave a standard coach npanion you are travelling with? Some		Yes	No
Will Test name require an adapt	red personal vehicle, such as a car or v	van in resort?	Yes	No
	Travelling on a Plane,	Coach or Ship		_
•	vith a companion who will be able to pin and out of buildings/ planes/coach		Yes	No
	me do the following without requiring re accompanied by someone who can as	_		
Breathe without supplementary of	oxygen:	Yes	No	
Feed Yourself:		Yes	No	
Administer your own medication if needed:				
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 name to toilet?	sit by a	No				
When travelling by plane, is it best for Test name to aisle?	sit by an	No				
When travelling by plane, is there a section of the planes to Test name to sit in?	ane that is Front	Middle Back				
Would you like us to inform the airline of your seating preferences?	g Yes	No				
When travelling by plane, does Test name have any specific dietary requirements or meal requests?						
Some airlines may, on request, will make reasonable effort are subject to both the requirements and availability.	orts to arrange seating to meet your di	sability needs. These are not guaranteed and				
м	edication and Oxygen	_				
Will Test name be taking prescribed mediation with them on holiday?  Some countries restrict the types of medication you can carry. We advise checking with your doctor and the National Travel Health Network and Centre (NaTHNac) before departure.						
Does Test name have any medication that will reque.g. Insulin (may require a fridge in the hotel room)	quire refrigeration?	Yes No				
Is Test name likely to require supplementary oxyg	gen?	Yes No				
Accommodation Details —						
Accommodation Type  Home / Villa		Hotel/Ship				
Although we do our best to confirm that your villa requirements can be satisfied as quickly as possible, it can occasionally take up to 7-14 days to get confirmation from our suppliers.						
Please indicate what features you need in your vacation home:						

	Tes	
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 name require:		
No carpets?	Yes	<b>✓</b> 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 name require a hoist for the:		
Bed?	Yes	No
Bath?	Yes	No
Pool?		

		Tes	140
Any other requirements? Please specify:	ff		
·		le for facilitating your travel arrang rent we cannot guarantee they will	rements. The suppliers will do their best to meet be met.
•		make sure your holiday goes perfe need, please let us know below:	ectly. If there is anything you think we
ff			











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