

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 :*	Test Testing	
Enquiry Reference Number:*	OH617731	
Number of passengers that require assistance?*	1 2 3 4 5 6	
Passenger 1 Name:*	Test	
Passenger 2 Name:*	Er	
Passenger 3 Name:*	Ert	
Passenger 4 Name:*	Ert	
Passenger 5 Name:*	Test	
Passenger 6 Name:*		
How Can We Help? —		
Passenger 3 "Ert"		
Will you be answering this form on behalf of yourself or someone else in your party?*		
Myself	Ert	

How would you describe the area(s) in which ert may require special assistance? Please tick all that apply*

Physical	Vision	Hearing	Cognit	ive
Other (please specify)				
	Get	tting Around		_
Can ert walk more than 500 me You may not always need assista be longer than you think.			yes Yes	No
If No, please give details:*	dsf			
Can ert walk or travel on their or For example, you may have visual the airport.			Yes Unch as	No
If No, please give details:*	sdfsd			
Does ert use a wheelchair whilst travelling?* Yes No				No
Would you like us to send you a ert? *	complimentary Hidden I	Disabilities Sunflower lanyard	d for Yes	No
	Travelling on	a Plane, Coach or Ship		_
Is ert planning to travel with a cor to get around and get in and out	•		ney need Yes	No
On a plane or ship can ert do the following without requiring assistance: Some airlines may insist that they are accompanied by someone who can assist them if the answer to any of the following is No.				
Breathe without supplementary o	xygen:	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 ert to sit by a toilet?			Yes		No
When travelling by plane, is it best for ert to sit by an aisle?				No	
When travelling by plane, is there a section of the plane that is best for ert to sit in?			Front		Middle Back
Would you like us to inform the airline of your seating preferences?				No	
When travelling by plane, does ert have any specific dietary requirements or meal requests?					
Some airlines may, on request, will make reasonable efforts to arrange seating to meet your disability needs. These are not guaranteed and are subject to both the requirements and availability.					
	Medication and	d Oxy	gen		_
Will ert 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 ert have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Yes No					
Is ert likely to require supplementary oxygen? Yes No			Yes No		
	Accommodatio	n Det	ails		_
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:					
A single storey home? Please note that most homes will have alled	ast 1 step into the home.		Yes		No
A bedroom on the ground floor?			Yes		No

	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
NO		
Vibrating pads for alarm / alarm clock?	Yes	No
Does ert require a hoist for the:		
Does er require a noisi for me:		
Bed?	Yes	No
Bath?	Yes	No
Pool?	Yes	No
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:

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 for facilitating your travel arrangements. The suppliers will do their best to meet the requirements requested but as all requirements are different we cannot guarantee they will be met.				
We hope that this covers all the necessary questions to make sure your holiday goes perfectly. If there is anything you think we haven't asked you, or any thing else you think you may need, please let us know below:				
Once you have filled out all of the relevant field above, click on the button below to submit the form.				











Copyright © 2023 ocean-florida.co.uk