

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 6 "Er"					
Will you be answering this form on behalf of yourself or someone else in your party?*					
Myself	Er Er				

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

Physical	Vision	Hearing	Cogniti	ve
Other (please specify)				
	Ge	tting Around		_
Can er walk more than 500 met You may not always need assista be longer than you think.		assistance?* stances at an airport or on a ship can	Yes	No
Can er walk or travel on their ov For example, you may have visual the airport.	Yes	No		
Does er use a wheelchair whilst	Yes	No		
Would you like us to send you a :	? Yes	No		
	Whee	elchair Details		_
Will er be taking their own whee	elchair?		Yes	No
Would you like us to register er's	Yes	No		
Will er need a wheelchair or mo	bility scooter at the airpo	ort or the destination resort?	Yes	No
Is their wheelchair battery powe If an airline or ship doesn't ask you t anyway for safety reasons.		eelchair battery, you should tell them	Yes	No
If a transfer coach is included, car assistance other than from a com steep steps	Yes	No		
Will er require an adapted persor	nal vehicle, such as a car o	or van in resort?	Yes	No
	Travelling on	a Plane, Coach or Ship		_
ls er planning to travel with a com to get around and get in and out		to provide all the assistance they need ches?	Yes (No

any of the following is No.						
Breathe without supplementary 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 er to sit by a toilet?	Yes	No				
When travelling by plane, is it best for er to sit by an aisle?	Yes	No				
When travelling by plane, is there a section of the plane that is best for er 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 er 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 ar	od Ovygon	_				
Medication at	id Oxygen					
Will er 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 er have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Yes No						
Is er likely to require supplementary oxygen?						
Accommodation Details —						
	Hotel/Ship					
Accommodation Type Home / Villa	Troter/Ship					

Some airlines may insist that they are accompanied by someone who can assist them if the answer to

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.











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