

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:*	Retert				
Passenger 2 Name:*	Dfdfg				
Passenger 3 Name:*	Dfgdfghh				
Passenger 4 Name:*	Dfgdfggfhfgh				
How Can We Help?					
Passenger 4 "Dfgdfggfhfgh"					
Will you be answering this form on behalf of yourself or someone else in your party? *					
Myself	Dfgdfggfhfgh				
How would you describe the area(s) in which dfgdfggfhfgh may require special assistance? Please tick all that apply*					
Physical	Vision Hearing Cognitive				
Other (please specify)					

gfhfghfgh								
	Getting Around —							
Can dfgdfggfhfgh 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.								
If No, please give details:*	gfhgfhfgh							
Can dfgdfggfhfgh walk or travel on their own in an unfamiliar place without assistance?* For example, you may have visual impairment or become confused in unfamiliar places such as the airport.								
Does dfgdfggfhfgh use a wheelchair whilst travelling?* Yes								
Would you like us to send you a complimentary Hidden Disabilities Sunflower lanyard for dfgdfggfhfgh?*								
	Travelling on a Plan	e, Coach or Ship		_				
Is dfgdfggfhfgh planning to travel with a companion who will be able to provide all the assistance they need to get around and get in and out of buildings/ planes/coaches?								
On a plane or ship can dfgdfggfhfgh 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 of	oxygen:	Yes	No					
Feed Yourself:		Yes	No					
Administer your own medication if needed:			No					
Use toilet facilities:								
Escape from plane/ship in an em	Escape from plane/ship in an emergency:							
Lift yourself in or out of your seat	Lift yourself in or out of your seat:							
When travelling by plane, is it best for dfgdfggfhfgh to sit by a toilet?								

When travelling by plane, is it best an aisle?	/hen travelling by plane, is it best for dfgdfggfhfgh to sit by n aisle?						
When travelling by plane, is there obest for dfgdfggfhfgh to sit in?	When travelling by plane, is there a section of the plane that is sest for dfgdfggfhfgh to sit in?						Back
Would you like us to inform the airline of your seating preferences?					No		
When travelling by plane, does dfgdfggfhfgh have any specific dietary requirements or meal requests?							
Some airlines may, on request, will ma are subject to both the requirements of		eating to	meet your disability need:	s. Thes	se are no	ot guai	ranteed and
	Medication an	d Oxy	gen				_
Will dfgdfggfhfgh be taking pres Some countries restrict the types of doctor and the National Travel He	medication you can carry. We a	dvise ch	ecking with your		Ye	es	No
	Does dfgdfggfhfgh have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) Yes No					No	
Is dfgdfggfhfgh likely to require supplementary oxygen? Yes No						No	
	Accommodation	on Det	ails				_
Accommodation Type	Home / Villa		Hotel/Ship				
How many steps are you able to wo	alk up/down unaided?						
Do you prefer a room on a particul	ar floor?		Yes		No		
Do you prefer a room that is close to a lift? Yes No							
Please tick any special facilities ye	ou 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			Washbasin with lever t	aps			

Hoist for the Bed	
Other (please specify):	
	ed to suppliers responsible for facilitating your travel arrangements. The suppliers will do their best to meet ill requirements are different we cannot guarantee they will be met.
	ecessary questions to make sure your holiday goes perfectly. If there is anything you think we lse you think you may need, please let us know below:
Once you have tilled out all of the	e relevant field above, click on the button below to submit the form.











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