

## 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:\*

OH617867

Number of passengers that  
require assistance?\*

|                                     |                          |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                                   | 2                        | 3                        | 4                        | 5                        | 6                        |

Passenger 1 Name:\*

Siya

### How Can We Help?

Passenger 1 "Siya"

Will you be answering this form on behalf of yourself or someone else in your party? \*

☐

Myself

☒

Siya

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

☐

Physical

☒

Vision

☐

Hearing

☐

Cognitive

☐

Other (please specify)

### Getting Around

Can siya 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.

☒

Yes

☐

No

Can siya 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.

☒

Yes

☐

No

Does siya use a wheelchair whilst travelling?\*

☐

Yes

☒

No

Would you like us to send you a complimentary Hidden Disabilities Sunflower lanyard for siya? \*

☐

Yes

☒

No

## Travelling on a Plane, Coach or Ship

Is siya 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?

☐

Yes

☐

No

**On a plane or ship can siya 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 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 siya to sit by a toilet?

☐

Yes

☐

No

When travelling by plane, is it best for siya to sit by an aisle?

☐

Yes

☐

No

When travelling by plane, is there a section of the plane that is best for siya 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 siya 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 Oxygen

**Will siya be taking prescribed medication 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.

☐

Yes

☐

No

**Does siya have any medication that will require refrigeration?**

e.g. *Insulin* (may require a fridge in the hotel room)

☐

Yes

☐

No

**Is siya likely to require supplementary oxygen?**

☐

Yes

☐

No

### Accommodation Details

**Accommodation Type**

☐

Home / Villa

☐

Hotel/Ship

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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