

## Accessibility Checklist

Tell us more so we can make sure this holiday is amazing

Holidays are important to us. If any passengers have a disability or medical condition that requires special transport, accommodation, equipment or medication we strongly recommend you fill in this form. We only need to know what passengers are comfortable sharing, but we can assure that any information provided will be treated absolutely confidentially. We will use the answers to ensure that the transport, facilities, and services are all in place to enable a stress free adventure.

### Your Details

Lead Passenger Name :\*

Sarah Steart

Enquiry Reference Number:\*

OT617960

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:\*

Sarah

### How Can We Help?

Passenger 1 "Sarah"

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

☐

Myself

☒

Sarah

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

☐

Physical

☐

Vision

☐

Hearing

☒

Cognitive

☐

Other (please specify)

### Getting Around

Are sarah able to walk approximately 50 metres without assistance? \*

For example, this would include walking in and out of an airplane, stepping into or out of a transportation vehicle, or boarding/disembarking a cruise ship.

☒

Yes

☐

No

Does sarah use a wheelchair whilst travelling?\*

☒

Yes

☐

No

Would you like us to send you a complimentary Hidden Disabilities Sunflower lanyard for

sarah? \*



Yes



No

## Wheelchair Details

Will sarah be taking their own wheelchair?

☐

Yes

☐

No

Will sarah need a wheelchair or mobility scooter at the airport or the destination resort?

☐

Yes

☐

No

Is their wheelchair battery powered?

*If an airline or ship doesn't ask you for information on your wheelchair battery, you should tell them anyway for safety reasons.*

☐

Yes

☐

No

Please enter the weight of their wheelchair (in lbs)?

What are the dimensions of their wheelchair?

When OPEN:

Height (cm)

Width (cm)

Depth (cm)

When FOLDED:

Height (cm)

Width (cm)

Depth (cm)

If a transfer coach is included, can you board/leave a standard coach without additional assistance other than from a companion you are travelling with? Some coaches may have 3 or 4 steep steps

☐

Yes

☐

No

Will sarah require an adapted personal vehicle, such as a car or van in resort?

☐

Yes

☐

No

## Travelling on a Plane, Coach or Ship

Is sarah 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 sarah 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 sarah to sit by a toilet?

☐ Yes☐ No

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

☐ Yes☐ No

When travelling by plane, is there a section of the plane that is best for sarah 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 sarah 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 sarah 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 sarah have any medication that will require refrigeration?**

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

☐ Yes ☐ No

**Is sarah 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.

