

## 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:\*

OH618039

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:\*

Test

### How Can We Help?

Passenger 1 "Test"

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

☐

Myself

☒

Test

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

☐

Physical

☒

Vision

☐

Hearing

☐

Cognitive

☐

Other (please specify)

### Getting Around

Are test 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 test use a wheelchair whilst travelling?\*

☒

Yes

☐

No

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

test? \*



Yes



No

## Wheelchair Details

Will test be taking their own wheelchair?

☐

Yes

☐

No

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

☐

Yes

☐

No

## Travelling on a Plane, Coach or Ship

Is test 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 test 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 test to sit by a toilet?

☐ Yes☐ No

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

☐ Yes☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## Accommodation Details

**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?

☐ Yes☐ No

Please note that most homes will have at least 1 step into the home.

A bedroom on the ground floor?

☐ Yes☐ No

A bathroom on the ground floor?

☐ 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

Vibrating pads for alarm / alarm clock?

☐ Yes☐ No

**Regarding wheelchairs, does test require:**

No carpets?

☐ Yes☐ No

Wide door frames?

☐ Yes☐ No

Extra space to get around home?

☐ Yes☐ No

Pool area to be large enough to get your wheelchair around the outside?

☐ Yes☐ No

**Does test require a hoist for the:**

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.

