

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 Oh_Test | | | | | |
| Enquiry Reference Number:* | OH618295 | | | | | |
| Number of passengers that require assistance?* | 1 2 3 4 5 6 | | | | | |
| Passenger 1 Name:* | Shefali | | | | | |
| How Can We Help? | | | | | | |
| Passenger 1 "Shefali" | | | | | | |
| Will you be answering this form on behalf of yourself or someone else in your party? * | | | | | | |
| Myself | Shefali | | | | | |
| How would you describe the area(s) in which Shefali may require special assistance? Please tick all that apply* | | | | | | |
| Physical | Vision Hearing | Cognitive | | | | |
| Other (please specify) | | | | | | |
| Getting Around — | | | | | | |
| Are Shefali 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. | | | | | | |
| Does Shefali use a wheelchair whilst travelling?* Yes | | | | | | |

| Shefali? * | | Yes No | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|--|--|--|--|--|
| Travelling on a Plan | ne, Coach or Ship | - | | | | | |
| Is Shefali planning to travel with a companion who will be able to need to get around and get in and out of buildings/ planes/coach | Yes No | | | | | | |
| On a plane or ship can Shefali 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 Shefali to sit by a toilet? | Yes | No | | | | | |
| When travelling by plane, is it best for Shefali to sit by an aisle? | Yes | No | | | | | |
| When travelling by plane, is there a section of the plane that is best for Shefali 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 Shefali have any specific dietary requirements or meal requests? test | | | | | | | |
| Some airlines may, on request, will make reasonable efforts to arrange are subject to both the requirements and availability. | seating to meet your disability nee | eds. These are not guaranteed and | | | | | |
| Medication and Oxygen — | | | | | | | |
| Will Shefali 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. | | | | | | | |

| Does Shefali have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) No | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------|-------------------------------|------------------|--|--|--|--|
| Is Shefali likely to require supp | Yes | No No | | | | | | |
| Accommodation Details — | | | | | | | | |
| Accommodation Type | Home / Villa | | Hotel/Ship | | | | | |
| Although we do our best to conto 7-14 days to get confirmation | firm that your villa requirements n from our suppliers. | can be satisfied as quid | ckly as possible, it can occa | sionally take up | | | | |
| Please indicate what features | you need in your vacation hom | e: | | | | | | |
| A single storey home? Please note that most homes will ho | ave al least 1 step into the home. | Yes | No | | | | | |
| A bedroom on the ground floor | ? | Yes | No | | | | | |
| If yes, how many? | | 2 | | | | | | |
| A bathroom on the ground floo | r? | Yes | No | | | | | |
| If yes, how many? | | 2 | | | | | | |
| An adapted bathroom? | | Yes | No | | | | | |
| A shower with handrail? | | Yes | No | | | | | |
| Roll in bathroom / shower? (wit | th no step) | Yes | No | | | | | |
| A walk in shower? (May have a | ı 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 / alar | rm clock? | Yes | No | | | | | |

| Bed? | | Yes | No | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|--|--|--|
| Bath? | | Yes | No | | | |
| Pool? | | Yes | No | | | |
| Any other requirements? Please specify: | test | | | | | |
| 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: test | | | | | | |
| Once you have filled out all of the relevant field above, click on the button below to submit the form. | | | | | | |











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