

Accessible  
and assisted  
travel guide

## CUSTOMER CHECKLIST



This checklist should be used in conjunction with our Accessible and assisted travel guide which has more detailed information to help with planning your travel arrangements.

The questions on the checklist aren't intended to be intrusive and the information you provide will be treated confidentially and only used to check that the travel services you are choosing are right for you.

# Planning and booking process

## Personal contact details

Name:

Email address:

Telephone number:

Preferred method of contact:  Email  Telephone

## Emergency contact details

(please provide details of someone who is not travelling with you)

Name:

Email address:

Telephone number:

How would you describe your accessibility requirements?

What adaptations have travel providers made in the past that have helped you have a great trip or holiday?

## Access to information

Would it be difficult for you to see, hear or understand booking information and instructions and follow emergency information?

Yes

No

If yes, please provide further information:

What additional assistance or alternative format information would be helpful? For example, large print materials, compatibility with screen-readers, audio guides, hearing loops, British Sign Language, text-based services, tactile or pictorial format.

## Mobility considerations

Consider the following statements to determine how far you can walk without assistance.

I feel comfortable walking unaided:

Long distances

Yes

No

Medium distances

Yes

No

Short distances

Yes

No

I feel comfortable walking up and down steps, or along a ship gangway, unaided:

Yes

No

How many steps can you climb unaided?

I feel comfortable walking up and down hills, on rugged or uneven terrain without assistance:

Yes

No

I feel comfortable walking short distances using alternative aids for support, for example walking stick, crutches, walking frame: Yes  No  Not applicable

I am a wheelchair user and I'm comfortable transferring from my wheelchair to a chair or aircraft seat unaided:

Yes

No

Not applicable

## Equipment - mobility aids (measurements in cm)

What device or equipment will you take with you?

When will it be needed during your travels?

What is the device? Manual wheelchair  Electric wheelchair  Scooter   
Other (please state):

What is the manufacturer's name, make and model?

Is it collapsible? Yes  No

What are the dimensions? H  W  D

What are the dimensions when collapsed? H  W  D

What are the measurements of the device when it is in ready to travel mode with the back folded down and head rest removed? H  W  D

What is the weight of the device?

Is it powered by a battery? Yes  No

If yes, what type of battery does it have?

Dry Batteries Yes  No

Lithium-ion Batteries Yes  No

Non Spillable Batteries Yes  No

Spillable Batteries Yes  No

What is watt-hour rating of the battery?

Are the batteries removable? Yes  No

Are you planning on travelling with spare batteries? Yes  No

How will you store spare batteries?

## Equipment - other

Will you be carrying oxygen concentrators (mains or battery powered) or oxygen cylinders?

Yes

No

Will you be carrying other portable medical devices, for example, CPAP machine, TENS machine, nebuliser or dialysis machine?

Yes

No

If yes, please provide further information:

## Luggage

How much luggage are you planning to bring with you?  
For example: hold and cabin bags, mobility equipment.

## Assistance

Are you planning to travel on your own on this trip/holiday?

Yes

No

Are you comfortable to travel on your own in an unfamiliar place without assistance?

Yes

No

Not applicable

Do you need to plan for any assistance during your trip or holiday?

Think of the whole journey - airport and aircraft assistance, transfers, accommodation, excursions.

Yes

No

If yes, please provide further information:

Onboard toilet access - do you require an aisle chair to reach the toilet on a plane or ferry?

Yes

No

Most airlines have policies regarding self-reliance for personal services - have you checked the policy for the airline you want to travel with? Yes

No

## Assistance dogs

Are you travelling with an assistance dog?

Yes

No

What documentation do you have which confirms your assistance dog is appropriately registered, accredited and trained?

Are you aware of the entry requirements, vaccinations, and health certificates required to travel with your assistance dog?

Yes

No

## Medication

Will you be carrying medication?

Yes

No

If yes you are advised to carry a copy of your prescription or doctor's note confirming the medication is yours.

Name and type of medication?

Does the medication require cooling or refrigeration facilities?

Yes

No

Have you checked the Foreign, Commonwealth and Development office (FCDO) travel advice to see if the medication is permitted in the country you are travelling to?

Yes

No

## Food allergies and dietary requirements

Do you have any food allergies?

Yes

No

If yes, what food allergies do you have?

Do you have any dietary requirements for medical, religious or other reasons?

Yes

No

If yes, please provide further information:

## Seating and accommodation preferences

Please note: these preferences are on a request basis and may not be guaranteed.

Do you have any seating requirements (Train/aircraft/cruise/ferry)? Yes  No

If yes, please provide further information:

Do you have specific accommodation needs? Yes  No

If yes, please provide further information:

Do you require a room on a particular floor or deck or located near a lift or other facility? Yes  No

If yes, please provide further information:

What emergency information and support would you need in an emergency - such as hotel evacuation?

Do you require a room available with hypoallergenic bedding, air-purification, or other measures which reduce allergens? Yes  No

If yes, please provide further information:

Do you require information regarding designated quiet rooms or spaces available at touchpoints for your journey? Yes  No

If yes, please provide further information.

## Other considerations and requirements

Do you hold all documentation that may be required?  
(For example: Fitness to Fly certificate, medical clearance document  
assistance dog certification prescription).

Yes  No

Have you obtained travel insurance which meets your  
specific requirements?

Yes  No

Have you advised your travel insurance provider of any pre-existing  
conditions and details of the medication you will be travelling with?

Yes  No

Is there any other information you can provide which could assist  
your travel provider?

Yes  No

If yes, please provide further information:





**ABTA Ltd** 30 Park Street, London, SE1 9EQ  
**Tel:** +44 (0)20 3117 0500  
**Email:** [abta@abta.co.uk](mailto:abta@abta.co.uk)

**Web:** [www.abta.com](http://www.abta.com)  
**LinkedIn:** @ABTA

