

Inspiring Journeys Travel Request Form for Guests with Specific Requirements



Please refer to the Inspiring Journeys Booking Conditions **Tour Participation, Exclusion and Release** section when completing this form for other important information. www.inspiringjourneys.com/booking-conditions

Booking Ref: _____ Guest's Age: _____

Guest's Name: _____

Tour Reference: _____ Departure Date: ____/____/____

Number in Party: _____ Name of companion(s) who will be accompanying you and the booking ref (if different): _____

So we can assess your ability to participate and (if reasonably possible) to make necessary arrangements for your needs, please provide us with as much detail as possible. Depending on the nature of assistance required, guests may be required to travel with an able-bodied companion.

1) Describe your particular needs and the nature of any assistance you may require:

2) Do you intend to travel with any special equipment? eg. Wheelchair, walking stick, walking frame etc. (Circle one) **YES / NO**
If yes, please give details including dimensions, whether it collapses, weight etc. Please note that not all sightseeing destinations may be fully accessible for wheelchairs.

3) Are you able to walk/climb stairs unassisted including embarking and disembarking 4-6 coach steps, approximately 30 centimetres high, at least 8 times per day. (Circle one) **YES / NO**

4) Will you be able to look after yourself unassisted in every respect including finding your own way and following the Travel Director's instructions? (Circle one) **YES / NO**

5) Could your companion provide all assistance that you would require while on tour eg. climbing steps at hotels and sightseeing attractions, accessing local hotel lobbies, pushing the wheelchair? (Circle one) **YES / NO**

6) Would you take any medication while on tour? (Circle one) **YES / NO**

If yes, please give details: (eg. What is it used for, does it require refrigeration?):

7) Some of our tours travel to very remote locations, subject to extreme weather conditions, where easily accessible medical services are limited. With this in mind, will you be travelling with your Doctor's permission? (Circle one) **YES / NO**

Please note a Doctor's Certificate may be required depending on the destination of your tour and the nature of your condition.

8) Depending on the nature of your condition, do you understand that you may not be able to take part in some activities on the tour? (Circle one) **YES / NO**

9) Do you require a walk in shower or ground floor room? (Circle one) **YES / NO**

If yes, please specify which room type you require. Please note this is a request only and cannot be guaranteed.

Our fleet has a limited number of coaches which are equipped with wheelchair lifts to assist guests who are wheelchair bound. Please contact us immediately if a wheelchair accessible coach is required. Please note this is subject to availability and the coaches are not available on all tours and in all locations. Fully collapsible wheelchairs can be stored with luggage and may be brought on any tour, pending approval.

Guest's signature: _____ Date provided: ____/____/____

Guest's full name: _____

Please return this completed form to AAT Kings Reservations Department by return email in order to finalise approval. Please do not secure any non-refundable arrangements until you have received approval for travel with AAT Kings.