



## SPECIAL NEEDS FORM

One form to be completed for each client with special needs

*Completed forms cannot be accepted within 21 days prior to arrival at the hotel*

Holiday No.	Resort	Hotel	Date	Days
Title	Surname	Initial	Room Type (e.g. Twin/Twin SV)	
Name & Booking Ref. of travelling companion who will assist you in case of emergency:				
<b>Describe your Disability and Medical Term for Disability</b>				
<b>Blue Badge Number/Doctor's Note attached:</b> (Due to the number of forms we receive, we can only process a Special Need request if you provide a Blue Badge Number or Doctor's Note)				

Please answer the following questions as thoroughly & accurately as possible. Hotels will allocate rooms solely on the information provided which can subsequently be changed.

### Accommodation Requirements

A1. Do you have a specific request for a room with a bath or shower?

Bath  Shower over bath  Easy Access Shower

An easy access shower is a shower with only a small step into it. If you need a true disabled shower (usable in a wheelchair), please write to us separately.

### Dietary Issues

- |                                | Yes                      | No                       | N/A                      |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| D1. Require a diabetic diet    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2. Require a gluten free diet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D3. Other special diets        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have non-standard dietary requirements, you must make direct contact with the hotel at least two weeks prior to arrival and forward a diet sheet to the hotelier with details of any foodstuffs you will be taking with you.

### Other Disability Issues

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| O1. Refrigerated storage required for medicines                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O2. Blind or partially sighted client - prefer brightly lit bedroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Reception please note for Fire Drills*

- |                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| O3. Client with hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

*Reception please note for Fire Drills*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| O4. Some hotels have special devices for profoundly deaf clients which provide an under-pillow vibrator in the event of the fire alarm sounding. Do you require one of these? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O5. Do you require assistance with check-in?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O6. Oxygen: I will be bringing oxygen with me on holiday and require a charging point near my bed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Assistance Dogs

Please tick the box to indicate the type of assistance dog you intend to take

Sight     Hearing     General Assistance     ID No.....

**Please provide your dog ID number or letter of verification from the charity that provided your dog. Assistance dogs must wear their identifying jackets at all times. The owner must carry and produce on request the Environmental Health and Identification Cards.**

## Mobility Problems

### Important information

**It is essential that you can manage 4 or 5 steps; very few of our hotels have ground floor rooms and many ground floors feature a number of steps.**

	Yes	No	N/A
M1. Can you walk unaided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Are you taking a wheelchair with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M3. Is the wheelchair motorised? (Please note that most Leisureplex Hotels do not have wheelchair lifts and members of hotel staff will not be able to help you with manoeuvring your wheelchair.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Is a wheelchair needed to access your hotel bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Would you like to hire a wheelchair in resort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We can normally provide you with details of wheelchair hire in most UK resorts, but you must make your own arrangements directly with the company which hires the wheelchairs and we cannot take any responsibility for such arrangements.

M6. How many stairs are you able to manage? (please tick)  
 5-14 stairs     15 - 20 stairs (1st floor)     30 - 40 stairs (2nd floor)     More

M7. Are you able to descend stairs from the upper floors to escape from the building in case of fire?        

M8. Do you need a room near a lift?           
 Please note that rooms close to lifts can sometimes suffer from lift noise.

<b>Any Further Comments</b>
I understand that Leisureplex Ltd will endeavour to meet all requests listed above although they cannot guarantee that all needs will be met.
<b>Signature:</b> <span style="float: right;"><b>Date:</b></span>

<b><i>For office use only</i></b>
<b>Sent to Hotel on:</b> <span style="float: right;"><b>By:</b></span>
Hotel Allocated: Floor: (G,1,2,3,4,5) ..... Bath/Shower (B/S) ..... Room No: .....
<u>Comments:</u>
Hotel Receptionist Signature ..... Date .....

**PLEASE RETURN** to Leisureplex Ltd. FREEPOST RTKZ-RJUS-ACLU, Alfa Travel Ltd. Euxton Lane, Chorley PR7 6AS