

Form 2. Booking form for each individual participant (www.supportedholiday.com)

This form must be completed and returned to our office so that we may assess your needs. Failure to fill in all questions including a photo will result in the form being sent back to you. Time delay could result in loss of holiday.

Holiday required Participant's/ Organisation's Tel No
Dates

Name
Address
Town/Village County
Postcode

I enclose a £100pp (Trip A & D), £150pp (Trip B & C) deposit and undertake to pay the balance due two months before the holiday is due to take place.

Signed

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Full travel insurance (including cancellation insurance) is a compulsory extra for all holidays. We can arrange these at competitive rates please note that if you cancel your holiday after the booking has been accepted and you are not covered by insurance for any reason, you are liable for the full cost of the holiday.

With this in mind, we will arrange insurance for you and invoice you accordingly unless you advise us to the contrary. If you take out your own insurance we must have a copy.

Please note failure to complete form correctly and honestly could result in termination of a holiday.

Please note that we take an option on approximately 6 places on each trip. These have to be confirmed fairly early. So please book early. We will hold our telephone booking for 10 days awaiting receipt of your deposit.

Please make cheques payable to A J LUYK (supported holidays)

Deposit..... Invoiced

Name and address of who invoices and details should be sent to

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Tel No Mobile

E-mail Emergency

Doctors name

Address

Tel No

Mobile no of person transporting or accompanying member of staff

Name

Place Photo here

Address

Town/Village

County

Postcode

Do you have a pre-existing health condition? Yes / No

Have you been in hospital for this in the last 12 months? Yes / No

Have you had it diagnosed for more than a year? Yes / No

Age Date of Birth Sex M/F

Religion Details (if relevant)

1 Disability Diagnoses (if any)

2 Learning Disabilities Severe Moderate Mild (please circle)

3 Do you need personal care (other than supervision) Yes / No

Do you use medicines? Yes / No

Name medicine what for

1

2

3

Do you take your own medicine? Yes /No

If not, then mark them well and with full instructions

Are you allowed to have alcohol? Yes /No

Do you wish to share a tent with a person you know? Yes /No

If so who?

If you would like details of anyone holidaying with you who lives in your area so that you could share transport. Tick here

What are your leisure interests? (Circle the ones you particular like & cross out the ones you don't like) Walking in nature in mountains Visiting churches Visiting castles Visiting villages Visiting Caves Swimming Canoeing Horse riding Shopping Ballgames Go out for a meal Museums

Other

Are you afraid of anything; ea Heights, Caves, Darkness etc

Mobility

Can you walk without help? Yes / No

How far or long?

Can you swim? Yes / with buoyancy aid / only in shallow water / No

Can you canoe? Yes / No / No experience

Can you ride horses Very experienced / The three gaits / Beginner / No experience

Remarks

Personal Care

Can you dress yourselves? Yes / No

Can you shower yourselves? Yes / No

Are you incontinent? No / only during day / only during night / day and night

If so please take appropriate material for this situation.

Remarks

Is there any behaviour problem, which could disturb others Yes/ No

If so what kind of behaviour?

Do you look after your own pocket money? Yes / No

From the beginning we will be looking after your passport.

Are you agreeing with that? Yes / No

Are there any habits you have, we have to reckon with Yes / No

If so, what habits?

Do you have a special diet? Yes / No

If so what diet?

Do you have any real dislikes? Yes /No

If so what dislikes?

Any other information, which could be important for us

(Ea What to do when you have any problems?)

Assessments of foreseen risks to participant or others by participant whilst taking this holiday-reasonable suggested precautions bearing in mind the nature of the holiday and justifications for taking said risks

Risks Precautions

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.....
.....

Signature participant..... Signature guardian

Date