



Accessible Travel Guides, Cruise Accessibility & Travel Planning

ACCESSIBLE TRAVEL MATCHING & VERIFICATION PROFILE

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Complete only the sections relevant to you. The more detail you provide, the more accurately we can research suitable options.

1. ABOUT YOU

Full name: _____

Preferred name: _____

Email: _____

Telephone: _____

☐ Email

☐ Telephone

☐ Video call

☐ Please contact my companion/representative

Companion/representative name (if applicable): _____

2. YOUR TRIP

If your plans are flexible, approximate answers are welcome.

Destination(s) or type of trip: _____

Preferred dates / travel window: _____

Length of trip: _____

Number of travellers: _____

Departure airport / port / station: _____

Approximate budget: _____

☐ UK break

☐ Overseas holiday

☐ City break

☐ Cruise

☐ Escorted tour

☐ Rail journey

☐ Beach holiday

☐ Other: _____

What would you most like this trip to include?

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MOBILITY, ACCESS & BATHROOM REQUIREMENTS

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3. MOBILITY & ACCESSIBILITY PROFILE

- | | | |
|---|--|---|
| ☐ Manual wheelchair user | ☐ I travel independently | ☐ Can stand for short periods |
| ☐ Power wheelchair user | ☐ I travel with a companion/assistant | ☐ Can transfer independently |
| ☐ Mobility scooter user | ☐ Staff assistance may be required | ☐ Transfers with assistance |
| ☐ Limited mobility / walks short distances | ☐ I need help with transfers | ☐ Can walk short distances |
| ☐ Walks independently | ☐ I require full-time assistance | ☐ Cannot climb steps |
| ☐ Uses walking aid | ☐ Other: _____ | ☐ Can climb steps with handrails |
| ☐ Cannot tolerate standing | | |
| ☐ Other: _____ | | |

Please describe your mobility in your own words:

Maximum comfortable walking distance / standing time:

4. ESSENTIAL ACCESS REQUIREMENTS

- | | |
|--|--|
| ☐ Step-free access | ☐ Quiet / low-sensory environment |
| ☐ Lift/elevator | ☐ Visual alarms / notifications |
| ☐ Wide doorways and corridors | ☐ Hearing support / loop |
| ☐ Ground-floor room preferred | ☐ Fridge for medication |
| ☐ Accessible parking | ☐ Extra space for equipment |

5. BATHROOM REQUIREMENTS

- | | |
|---|---|
| ☐ Roll-in / step-free shower | ☐ Raised / comfort-height toilet |
| ☐ Fixed shower seat / bench | ☐ Wheelchair-accessible bathroom |
| ☐ Portable shower chair acceptable | ☐ Bath is not suitable |
| ☐ Grab rails / support bars | ☐ Wet room preferred |
| ☐ Handheld shower head | ☐ Non-slip flooring |
| ☐ Transfer space beside toilet | ☐ Carer space required |

Essential bathroom measurements, layout or transfer details:

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TRANSPORT, EQUIPMENT & PERSONAL SUPPORT

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6. TRANSPORT & JOURNEY SUPPORT

- | | | |
|--|--|--|
| ☐ Airport assistance | ☐ Mobility aid storage | Important transfer, boarding, seating
or journey details:

_____ |
| ☐ Cruise port assistance | ☐ Short walking distances preferred | |
| ☐ Rail / station assistance | ☐ Seating near toilet / exit | |
| ☐ Accessible taxi or transfer | ☐ Avoid coach steps | |
| ☐ Luggage assistance | ☐ Other: _____ | |

7. MOBILITY EQUIPMENT

- | | | |
|---|---|--|
| ☐ Manual wheelchair | ☐ Crutches / walking sticks | Make and model: _____ |
| ☐ Power wheelchair | ☐ Portable hoist | Dimensions (L x W x H): _____ |
| ☐ Mobility scooter | ☐ Oxygen / respiratory equipment | Total weight: _____ |
| ☐ Walking frame / rollator | ☐ Other medical equipment | Battery type, watt-hours and removable parts:
_____ |

Storage, charging, lifting or handling instructions:

8. PERSONAL SUPPORT REQUIREMENTS

- | | |
|--|--|
| ☐ Assistance with transfers | ☐ Meal / dietary support |
| ☐ Assistance with bathing | ☐ Help during excursions |
| ☐ Assistance with dressing | ☐ Assistance/service dog travelling |
| ☐ Mobility assistance | ☐ Other: _____ |

9. SENSORY, COGNITIVE, COMMUNICATION & INVISIBLE DISABILITY CONSIDERATIONS

Tell us about fatigue, pain, anxiety, sensory needs, autism, ADHD, neurodivergence, communication needs or any other consideration affecting travel:

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PRIORITIES, CONSENT & IMPORTANT INFORMATION

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10. YOUR PRIORITIES

Your must-have facilities: _____

Your biggest concerns about this trip: _____

Barriers or previous experiences you want to avoid: _____

Hotels, cruise lines, transport, destinations or activities of interest: _____

What would make the trip feel safer, easier or more comfortable? _____

11. CONSENT & DATA USE

We will use the information you provide to understand your requirements and research suitable travel options. Accessibility and health details may be special-category personal data.

☐ I explicitly consent to AccessibleTravelling.com processing the accessibility and health information I provide for this enquiry.

☐ I consent to relevant information being shared with suitable travel providers, including Wheel the World where appropriate, to request accessibility details, options or quotes.

You may withdraw consent by emailing jane@accessibletravelling.com. Please see the Privacy Notice on AccessibleTravelling.com for information about how your data is used and retained.

Name: _____

Signature: _____

Date: _____

IMPORTANT DISCLAIMER

AccessibleTravelling.com is an independent accessible travel information, research and planning service. We are not a travel agent and do not make bookings. We are not owned, operated or endorsed by Wheel the World. Where appropriate, we may use accessibility-focused resources or request information or quotes from providers on your behalf.

Accessibility information can change and suitability depends on individual needs. Before booking, travellers should obtain written confirmation of all essential requirements directly from the hotel, airline, cruise line, tour operator or other provider. Completing this form does not guarantee that a suitable option will be available.

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