



**APPLICATION FOR AAT KINGS PASSENGERS REQUIRING SPECIAL ASSISTANCE
WISHING TO TRAVEL ON A TOUR**

**All disabled passengers must be accompanied by an able-bodied companion
(see our terms & conditions)**

BOOKING REF: _____ PASSENGERS AGE: _____
PASSENGERS NAME: _____
TOUR REFERENCE: _____ DEPARTURE DATE: _____
No IN PARTY: _____

In order to assist our office with determining if this is the right choice in tour, please be sure to provide as much detail as possible

1) Describe the nature of the disability/SPECIAL ASSISTANCE:

2) Will you be travelling with any special equipment? (CIRCLE ONE) YES / NO
(eg. Wheelchair, walking stick, walking frame etc)
If yes, please give details including dimensions of wheelchair, does it collapse, weight etc.

3) Will you be taking any medication while on tour? (CIRCLE ONE) YES / NO
If yes, details please: (eg. Will it require refrigeration?)

4) Are you able to walk/climb stairs unaided (including steps on and off the coach 6 – 7 times per Day)? (CIRCLE ONE) YES / NO

5) Name of companion (s), and booking number if different; who will be accompanying you:

6) Is this person able to provide all assistance that you will require when boarding the motor coach, climbing steps, accessing local hotel lobbies, pushing the wheelchair? (CIRCLE ONE) YES / NO

7) If you are travelling alone, are you able to look after yourself in every respect, find your own way, and follow the tour director's directions? (CIRCLE ONE) YES / NO

8) Are you travelling with your doctor's permission? (CIRCLE ONE) YES / NO

9) Do you understand that you may not be able to participate in some of the activities on the tour? (CIRCLE ONE) YES / NO

10) Do you require a disabled room? (CIRCLE ONE) YES / NO

11) If requested, can you supply a medical certificate stating your ability to travel? YES / NO

**Please be advised that any wheelchairs brought on tour must be fully collapsible.
We regret that we are unable to accept motorised wheelchairs/scooters of any description.**

Passenger's signature: _____ Date provided: _____

Passenger's full name: _____

Please return this completed form to AAT Kings Reservations Department by fax on: 09 300 1595