



ASSESSMENT OF NEEDS FORM

This form **MUST** be completed fully and returned to our office by post or email so that we can assess your needs and if you will need support other than supervision while on holiday. **If yes, there may be an extra charge which is calculated at an hourly rate or as a percentage of the holiday cost, depending on how much is needed.**

For people needing support, this form constitutes a support plan.

Failure to complete this form correctly and truthfully could result in termination of the holiday.

Return this form within 14 days as delay could result in loss of a holiday place.

	Name of holiday/s requested	Departure date	Return date
1			
2			
3			
First name (as on passport if applicable)			
Last name (as on passport if applicable)			
What do you prefer to be called?			
A passport copy MUST be included for all overseas holidays and must be valid for your dates of travel.			
Passport number			

Address				Postcode	
Tel. no.					
Date of birth		Age		Gender	
Religion		Height		Weight	
Disability diagnosis (if any)					

Doctor's name	
Address	
Telephone	

Photographs

Options Supported Holidays may wish to use photographs taken on the holiday in brochures, on their website or in other promotional material. If you do NOT want your photograph to be used, please confirm this in writing.

Holiday insurance

Holiday insurance is compulsory for all holidays outside the UK. We **strongly recommend** you take out holiday insurance for our UK holidays. This covers you if you become ill or are unable to travel to the holiday destination.

NOTE: should dates change you must update your insurance provider.

Declaration

I declare that all information provided is correct to the best of my knowledge at the time of form completion. I will inform Options Supported Holidays if there is any significant change to my/the client's health and/or wellbeing before the departure of the holiday.

- I confirm I have read and agree to the Options Supported Holidays Ltd. Terms and Conditions.
- I confirm that I have read and agree to the information sent by Options Supported Holiday Ltd.
- I agree to read and complete all forms as requested.

I understand that a **25% deposit** is due within 21 days of booking and the full balance must be paid before the holiday is due to depart: **8 weeks for UK holidays / 14 weeks for overseas holidays.**

Person travelling

Signed		Print name	
Date			

Person completing this form

Signed		Print name	
Telephone number		Email address	
Date			

Remember that you are assessing for an unfamiliar environment – new routine, room, bathroom, hotel layout, staff etc.

We stay in standard hotels. Accessible rooms are not guaranteed.

Either post this form to the Options office or
email to a staff member / office@optionsholidays.co.uk

Fill in all sections. Please write clearly or type your answers.

We cannot take responsibility for the consequences if we are not informed about client requirements.

TICK AS APPLICABLE AND ADD DETAILS IF NEEDED

SECTION A: MOBILITY

Holidaymakers will usually be out all day so this will involve more walking than usual. Please bear this in mind below.

Mobility aids

IMPORTANT: Please bring your own mobility aids. Staff are not allowed to lend an arm unless over a very short distance.

*** Staff are NOT allowed to lift or carry clients.**

EITHER: I do not use mobility aids

OR: tick as applicable:

Aid type (e.g. wheelchair, scooter, Rollator, stick):	I need this aid in the day to go out	I need this aid all the time	I will bring my own aid	I would like to hire this aid
Weight and measurements of own wheelchair / scooter / walking aid				

Activity	Average pace	Slow pace	Needs rest – give details
Walking			

Activity	No support	Support needed	Notes
Getting in/out of car			
Using minibus steps			
Using coach steps			

Activity	No support	Mostly OK	Will try	Not at all	Notes
Uneven ground					
Activity	No support	Support*	With mechanical aid*	Notes and details of aid or support	
Getting in/out of bed					
Activity	No support	With rail	With support	Lift/stair lift	Notes and details of aid or support
Stairs/steps					

SECTION B: PERSONAL SUPPORT**We stay in standard hotels**

Personal support costs are **not** included in the price of the holiday – the additional cost will depend on your needs.

I prefer to be supported by (tick box):	Male	Female	Either

I need someone to stay in the bathroom/bedroom while I shower/bathe – please explain why.	No	Yes – give reason

We will do our best to achieve your bathroom requirements but cannot guarantee this. We will inform you if any issues. Tick as applicable.

I can use a standard bathroom (bath OR shower)	Yes, independently		Yes, with support as below	
I need to use a step-in shower (not over a bath)	Yes, independently		Yes, with support as below	
I need a walk-in shower (wet room) with disabled facilities	Yes, independently		Yes, with support as below	

How often do you like to: bath	
shower	
wash hair	
Roughly how long does it take you to get washed and dressed in the morning?	

NOTE: REMINDERS are given before an activity.

PROMPTS are given during an activity, for a higher level of support.

Activity	No support	Verbal reminders	Verbal prompts	Full support	Comments
Operate taps/controls					
Check water temperature					
Get in / out of the bath					
Get in / out of the shower					
Bath seat	Yes	No			
Shower seat	Yes	No			

Washing etc.	No support	Verbal reminders	Verbal prompts	Full support	Comments
Washing body					
Drying body					
Washing hair					
Drying hair					
Cleaning teeth					

Shaving – we can only support with electric shaving. You will need to manage your own wet shaving, if desired. You will need to bring your own electric shaver, fully cleaned.

Shaving – electric only. If you choose not to shave, support costs are non-refundable.	No support	Verbal reminders	Verbal prompts	Full support	How often on holiday?	Comments

Other personal support	No support	Verbal reminders	Verbal prompts	Full support	Comments
Brushing hair					
Using deodorant					
If menstruating					

Clothes	No support	Verbal reminders	Verbal prompts	Full support	Comments
Choose appropriately					
Know when to change					
Dressing					
Undressing					

Toilet	No support	Verbal reminders	Full support	Comments
Knowing when to go				
Able to go alone				

Continence	No support	With prompts	Full support	Day pads used	Night pads used	Comments
Please tick:						

Please bring continence aids with you, including disposable mattress protectors and/or seat covers if used. A charge will be made for laundry and/or damaged mattresses, as dictated by accommodation providers.

Do you live alone/independently?	Yes	No
If YES , how many hours of support do you receive a day and how is this used?		

Do you need help to unpack and pack your bags?	Yes	No
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SECTION C: MEALS

Are you on a special diet?	No	Yes - please give details (continue on medical or final page if necessary)
If you have difficulty telling us what you like to eat/drink, please tell us here:		

Drinks	Tea	Coffee	Cold drinks	Other	Comments
What do you like to drink?					

Eating	No support	Prompt	Cut up food	Feed	Comments
Assistance					
Do you have a SALT assessment?	Yes *			No	

*** If YES, send the SALT assessment with this form ***

Cafes and restaurants	No support	Verbal prompts	Physical prompts	Full support	Comments
Choosing from a menu					
Choosing from self-service					
Pouring drinks					
Carrying a tray					
Paying					
Using a kettle					

Alcohol	Yes	No	Can drink	Must not drink	Comments
Can you monitor alcohol for yourself?					

NOTE: We ask you to drink responsibly. If you persistently drink too much, you may not be able to stay on the holiday. Please see Terms and Conditions for more information.

Please provide additional information about your diet or the help you need if we have not covered it above:

SECTION D: ABOUT YOU

Communication	Good	Limited	None	Makaton	Comments
Verbal					
	Good	Limited	Glasses	Registered blind	Comments
Sight					
	Good	Limited	None	Hearing aids/s	Comments
Hearing					

Reading/writing skills – please tick **closest match**

I am not able to read	
I can read some simple words	
I can read simple words, some signs and some words on menus	
I can read and choose from a menu independently	
I am not able to write	
I can write my name and some simple words	
I can write simple sentences	
I can write a postcard on my own	

Supervision *If you tick **YES**, supporters will not be able to support you because they will be with the rest of the group.

Independence – in an unfamiliar place I can:	Yes	No	Comments
* Go out unsupervised in the day			
* Stay at the hotel unsupervised in the day			
Watch evening entertainment unsupervised			
Find my way back to my room independently			
Meet unsupervised at an agreed time/place in a small group (e.g., shopping or museum)			

We do not offer waking nights. We can support non-waking nights by agreement in advance.

Nights	No staff	Staff nearby	Supporters are available for emergencies only during the night. You must tell us about the need for non-waking nights in advance. Failure to notify us may result in your holiday being terminated early. Please see Terms and Conditions for more information.
Support:			
Non-waking nights – give details			

Give details below if you cannot be left alone in your room during the day or might wander at night.

Smoking	Yes	No	Comments
Do you smoke?			

Bearing in mind that you will be on holiday please tell us:

Around what time you will want to get up in the morning	
Around what time you will want to go to bed	

SECTION E: MEDICATION AND HEALTH

I DO NOT take medication on a regular basis.

We need to know if you can manage your medication independently, or if Options supporters will manage and administer it. **Remember you will be in a new place, in a new routine – this may make a difference.**

If travelling overseas, please speak to your doctor about taking your medication given the possible time difference. Send any instructions given by your doctor to the Options office BEFORE the holiday on the form we will send you with your holiday letters, otherwise medication will be given at the local time.

Supporters will not be able to check if you have taken your medication if you choose to manage it yourself.

If supporters will manage your medication, please ensure it is prepared / packaged in accordance with our Medication Policy.

If you take medication, tick or write 'YES' in ONE of the boxes below. This includes help with PRN meds. Your form will be returned to you if this is not completed.

SELF-MEDICATE – I will look after and take my own medication with no supporter present	SUPPORT – Supporters will keep my medication and help me take it (no additional charge)
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Please list all the medication you will bring and why you take it, whether you will self-medicate or not. We will send you a medication information form nearer your holiday for you to fill in and bring with you.

PRN treatments – you will need to bring these with you:

	Tick if you can take paracetamol as a PRN
	Tick if you can take anti-diarrhoea medication as a PRN
	Tick if you can take travel sickness medication as a PRN

SPECIFIC DIAGNOSES - details please. You can add more info in the large box below.			
Diabetes	Which type?		Diet or insulin controlled?
	Injection time/s:		Specific injection site on body:
YOU MUST SUPPLY: BLOOD TESTING KIT WITH INSTRUCTIONS - INSULIN PENS/NEEDLES - SHARPS BIN			
Epilepsy	Seizure type:		When was your last seizure?
	What to do if you have a seizure: Send a copy of the epilepsy care plan with this form.		
Allergy			
Mental health			
Other			

Please give us details of medical conditions including those listed above. It is essential that you tell us about any specific needs and mental health issues, plus other conditions such as high blood pressure, heart conditions, back problems etc. Include difficulties with sight/hearing and if dentures are worn. You are welcome to continue on the final page of this form.

SECTION F: MONEY MANAGEMENT

At the start of the holiday you can hand spending money to the holiday leader who will store it safely. To help you budget, they will operate a 'bank' each day so you can sign out a daily amount. If you choose not to take part in this system you will be responsible for your own money and Options supporters will not be able to loan you money if yours is lost or stolen. Please tick **ONE** as appropriate:

<input type="checkbox"/>	I will look after all my own money.
<input type="checkbox"/>	I will look after most of my money but would like supporters to keep some in case of emergency.
<input type="checkbox"/>	I would like supporters to look after my money and give me a daily amount.

SECTION G: PERSONAL PROFILE

BEHAVIOUR **NOTE: Additional behavioural support is chargeable.**

Tell us in advance about all behavioural concerns, their triggers and ways to manage them so we can put the right support in place. You may attach a relevant, holiday-specific support plan if the information cannot be typed below. Failure to inform us could result in early termination of the holiday – see Terms and Conditions for information.

Behaviour of concern – if none write 'NONE'	
Behaviour triggers	
Ways the behaviour is managed	

Personal profile

Please complete this even if you have been on holiday with Options before as there may be someone different supporting you. IF YOU LEAVE IT BLANK WE WILL RETURN THIS FORM

Use this page to provide more information about your personality, likes/dislikes, fears, stress triggers, social interaction etc. Please use the final page if necessary. Also see risk assessment on page 11.

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We cannot accept external/general personal profiles, care plans and assessments unless they relate specifically to the holiday.

Swimming ability – this information is important for health and safety reasons. Please tick one:			
Excellent (50m or more)	Good (Up to 50m)	Poor (stay in depth)	Can't swim

What are your interests? Tick all that apply.				
Shopping	Theatre	Films	Beaches	Castles/old houses
Trains	Sports	Walking	Animals	Discos/dancing
Bowling	Boats	Art/craft	Sightseeing	Fairgrounds

What is important to you on holiday? Tick all that apply.				
Evening entertainment	A seaside holiday	Lots of trips out	Meeting new people	Being with people of my own age
Some quiet time	Relaxation	Trying new things	Excitement and lots of activity	Outdoor adventure

RISK ASSESSMENT Use this to highlight any significant behavioural issues/health needs.		
Please describe and assess risks to you and to others while on holiday. Include how likely these risks are to occur and any reasonable ways to reduce the likelihood, bearing in mind the nature of the holiday/s you have chosen.		
Risk	How likely? (Rare / unlikely / possible / likely /almost certain.	Ways to reduce risk

