



Ski Trips Additional Needs Form

Booking Reference:

Group:

Departure Date:

Resort/Hotel:

Name of Participant:

Age:

1. Please describe the participant's needs/issues (physical, behavioural or medical). Please explain and indicate degree of severity and if issues are linked to a diagnosed medical condition.
2. Does the participant have dedicated assistance at school? If yes, please give details.
3. What assistance do they specifically require during PE lessons or school outings?
4. Will the participant require an additional adult over the normal included ratio to accompany them on this trip?
5. Does the participant have restricted mobility? If yes, please give details. Are they, for example, able to walk 25m/climb stairs unaided?
6. Has the participant been on a Ski trip/holiday previously? If yes, please give details. Did they require any adaptations to the ski equipment provided?
7. Do any specific arrangements need to be put in place in order for the participant to comfortably access the coach?
8. Does the participant have any specific room requirements e.g. ground floor, single room, easy access bathroom?
9. Does the participant require assistance with audio or visual safety instructions, such as those given by ski instructors or at public events? If yes, please give details.



10. Is there anything further you'd like to tell us to ensure we better understand the participants requirements?

Thank you for your assistance in completing this form.

Name of person completing form:

Relationship to the participant:

Date: