

Special Needs Information Checklist

This checklist must be completed for any customer who has a medical condition or disability and requires special travel arrangements so that we can make your journey as smooth and comfortable as possible.

In order to ensure that you are provided with the levels of assistance required, please complete this form and return to enquiries@citravelgroup.com or post to :

Channel Islands Travel Group, Heron House, Jersey Airport, St. Peter, Jersey, JE1 1BW within 48 hours of receipt. (A member of our Reservations team will contact you if we need further information.)

The carriage of mobility equipment over 23kilograms may be subject to the approval of the Airports concerned.

Please note that all passengers who have requested special travel arrangement should remind staff at airport check-in about their request.

SECTION 1 - Flight & Passenger Details

Lead Passenger Name			
Name of the passenger who need assistance	Outbound	Flight Number	
		Date	
		Airport	
Booking Reference	Return	Flight Number	
		Date	
		Airport	

What is the medical term for your disability/special need?

Type of assistance required (Please delete as applicable)

1a. I require assistance from the check-in desk, to the bottom of the aircraft steps	YES / NO
1b. I require assistance from the check-in desk, to the top of the aircraft steps (carried/lifted onboard)	YES / NO
1c. I require assistance from the check-in desk, to my seat on board the aircraft (carried/lifted onboard)	YES / NO
If you select above 1b or 1c, we require to have passenger's weight	
1d. I have a sight impairment	YES / NO
1e. I have a hearing impairment	YES / NO
1f. I require general assistance with baggage due to travelling with young children/infants or other	YES / NO
1g. Do you need to borrow a wheelchair to/from the aircraft?	YES / NO
1h. I have my own wheelchair, If yes – PLEASE COMPLETE SECTION 2 IN FULL	YES / NO


Additional information

SECTION 2 - Reduced Mobility Aid Information (If Required)

1	Mobility Aid Type <i>Wheelchair, Scooter, Walking Stick or Frame</i>	Battery Type <i>Dry cell, Gel cell, Lithium-ion</i>
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Wet cell batteries cannot be accepted for carriage

2	Manufacturer	
3	Make	
4	Model	

Dimensions & Weight		Length	Width	Height
5	Maximum Dimensions of Chair or Scooter (cm or inches)			
6	Maximum Weight of Chair or Scooter (Kilograms)			
7	 Tyre Width Maximum width across the tread of tyre? (cm or inches)	Front Tyre(s)	Rear Tyre(s)	
8	Can the Chair/Scooter be broken down?	YES / NO		
9	Are you able to break your chair/scooter down by yourself?	YES / NO	Can you provide instructions to airport staff?	YES / NO
10	Can the battery be removed?	YES / NO		
Dimensions		Length	Width	Height
11	Maximum dimensions in cm or inches of the largest part dismantled			
12	Weight of heaviest part that can be separated once dismantled (Kilograms)			

If accepted for carriage, please carry your owner/user's manual for travel.

If you have pre-booked transfers with us, it will be arranged using coach or minibus. **Can you board a coach or minibus without assistance other than from your travelling companion?** If NOT, please let our reservations team know, so we can arrange a dedicated taxi and we will notify you of the cost.

YES / NO

SECTION 3 – Other information - Flight

Is it best for you to sit adjacent to the toilet?	YES / NO	
Is it best for you to have an aisle seat?	YES / NO	
Will you be taking medication during the flight?	YES / NO	
Are you taking any medical equipment?	YES / NO	
Are you asthmatic or do you have any breathing difficulties?	YES / NO	

* * IMPORTANT CUSTOMER INFORMATION * *

Your information will be passed onto the airline, who will try to meet your special needs. Please ensure your holiday insurance adequately covers any pre-existing medical condition and equipment you may be taking.

I have read and agree to all the information on this form and understand that there can be no guarantee that these special needs can be met.

 CUSTOMER'S SIGNATURE (if sending by post)
 (I am over 18 years of age)

DATE _____