

This is an example of the form we use on our website - when selecting accommodation on the website , and making a booking request **(by tapping the green button)** you will be asked to complete as much of the form as you can. You will be asked to **submit the form using the blue button at the end of the form**. The form is then received by the provider who will email back to you.



Personal Profile and Booking Request

When making your enquiry through **Enable My Trip**, we try to make it easier to record your specific needs all in one place. Once this form is completed, the details will remain on this form, stored on your device. To be able to retain this information, it can only be used again from the same device. We recommend using a tablet, laptop or desk top device for clarity. You can update the form as and when you need it.

Personal Details	
Name *	<input type="text"/>
Date of Birth (Optional)	<input type="text" value="23/12/2022"/>
Email Address *	<input type="text"/>
Contact Telephone	<input type="text"/>
City / Town / Country	<input type="text"/>

Section A - Reservation Request

If this not a reservation request please go to Section 'B'

Booking Request	Date From	Date To:	Number of Nights
First Choice *	<input type="text" value="23/12/2022"/>	<input type="text" value="23/12/2022"/>	
Second Choice *	<input type="text" value="23/12/2022"/>	<input type="text" value="23/12/2022"/>	
Party Size *	No.Adults <input type="text" value="0"/>	No.Children <input type="text" value="0"/>	No.Pets <input type="text" value="0"/>
Flexible on Dates? *	Yes <input type="radio"/> No <input type="radio"/>		

Budget Request	Min	Max
Per Night	<input type="text"/>	<input type="text"/>
Per Week	<input type="text"/>	<input type="text"/>

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If my chosen dates are not available I may be able to travel at short notice if a cancellation occurs.

Other other requirements which are not detailed in Section B ?

Section B - Personal Requirements of One or More in Group

We have tried to include every aspect of requirements across a wide range of needs, compiled from personal experiences and research. Please let us know what improvements we can make to this form to make it even better. Please note that EMT cannot be held responsible for any omissions or errors

My Mobility	Select One	
My Level of Mobility - M1	have sufficient mobility to climb a flight of stairs but would benefit from fixtures and fittings to aid my balance	<input type="checkbox"/>
My Level of Mobility - M2	have restricted walking ability and may need to use a wheelchair some of the time. I can negotiate a maximum of three steps.	<input type="checkbox"/>
My Level of Mobility - M3i	I depend on the use of a wheelchair and I can transfer to and from from my wheelchair unaided in a seated position. I can travel alone. can transfer to a seat in a vehicle.	<input type="checkbox"/>
My Level of Mobility - M3a	I depend on the use of a wheelchair and require assistance from a carer. I need a hoist to transfer to and from my wheelchair	<input type="checkbox"/>

Summary of Main Needs	Essential	Desirable
Ground Floor Room	<input type="checkbox"/>	<input type="checkbox"/>
Extra Large Room	<input type="checkbox"/>	<input type="checkbox"/>
Wet Room / Roll-In Shower	<input type="checkbox"/>	<input type="checkbox"/>
Shower Chair or Bench	<input type="checkbox"/>	<input type="checkbox"/>
Profiling Bed	<input type="checkbox"/>	<input type="checkbox"/>
Accessible Kitchen Area (if part of accommodation)	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Track Hoist	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Hoist	<input type="checkbox"/>	<input type="checkbox"/>
Pool Access (Hoist or Ramp)	<input type="checkbox"/>	<input type="checkbox"/>
Parking close by, level and without gravel	<input type="checkbox"/>	<input type="checkbox"/>
Easy Access Public Transport -level routes with dropped kerbs and no steep gradients.	<input type="checkbox"/>	<input type="checkbox"/>

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Public Areas		Essential	Desirable
Inside Building - washrooms, bars, restaurants etc	All public areas must be accessible; no steps and with door widths no less than 800mm (about 2' 7"), and corridors/walkways with a width of no less than 1m (3ft 3").	<input type="checkbox"/>	<input type="checkbox"/>

Swimming Pool (if applicable)	(includes hot tub or spa access if applicable)	Essential	Desirable
Hot Tub Hoist	Hot Tub Access with Side or Overhead Hoist	<input type="checkbox"/>	<input type="checkbox"/>
Pool Hoist	Pool hoist to enter the pool - one with a seat .	<input type="checkbox"/>	<input type="checkbox"/>
Pool Hoist	Pool hoist to enter the pool - one that is suitable for operation with patient slings.	<input type="checkbox"/>	<input type="checkbox"/>
Pool Depth	The entry point to the pool should be no deeper than 1 metre (39")	<input type="checkbox"/>	<input type="checkbox"/>
Pool Ramp	Use of a special 'wet wheelchair' and enter via a ramp if provided.	<input type="checkbox"/>	<input type="checkbox"/>

Bedroom		Essential	Desirable
Bed - Mattress	Air Flow Mattress (i.e. with moving air pockets)	<input type="checkbox"/>	<input type="checkbox"/>
Bed - Mattress	Pressure Relief Mattress	<input type="checkbox"/>	<input type="checkbox"/>
Bed Height	The bed height must be between 450mm and 540mm (between 1 feet 6 inches and 1 feet 9 inches) from the floor to allow me to transfer from wheelchair to bed. It must have unobstructed transfer space from at least one side of the bed of between 900mm x 1.5 metres (2 feet 11 inches x 4 feet) , preferably 1.5 metres x 1.5 metres (4 feet x 4 feet).	<input type="checkbox"/>	<input type="checkbox"/>
Bed - Underneath	The bed must have a clear space underneath of at least 150mm to allow access for the legs of a mobile hoist. If this is not possible, blocks or similar will be required to raise the bed to allow the 150mm gap. If the bed is raised it should still not be more than 540mm (1 feet 9 inches) from the floor to the top of the bed.	<input type="checkbox"/>	<input type="checkbox"/>
Extra Space	Extra space around the bed	<input type="checkbox"/>	<input type="checkbox"/>
Bed Sides	Removable Bed Sides	<input type="checkbox"/>	<input type="checkbox"/>
Pull-Up Pole	Ceiling pull up is necessary (i.e. 'monkey pole')	<input type="checkbox"/>	<input type="checkbox"/>
Dressing table	Space for a wheelchair to fit under the unit	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Track Hoist	From wheelchair to bed to bathroom and vv.	<input type="checkbox"/>	<input type="checkbox"/>
Wardrobe	Pull-down for clothes access	<input type="checkbox"/>	<input type="checkbox"/>
Call System	Alarm call system	<input type="checkbox"/>	<input type="checkbox"/>

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General		Essential	Desirable
Lounge Seating	Electric riser / recliner chair	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Worktops	Wheelchair height work tops	<input type="checkbox"/>	<input type="checkbox"/>
Cooker	Eye Level Oven	<input type="checkbox"/>	<input type="checkbox"/>
Cooker	Side opening door	<input type="checkbox"/>	<input type="checkbox"/>
Cooker and Sink	Rise and fall touch control hob and sink	<input type="checkbox"/>	<input type="checkbox"/>
Bed Access	Doorways wide enough (e.g. 1m+) to enable a bed to be pushed into living area and/or outside onto patio area - if applicable	<input type="checkbox"/>	<input type="checkbox"/>

Any other requirements? Please show them here: