



Care Holidays Assessment Form



This form **MUST** be completed in full and returned to our office so that we may assess your needs. From the information supplied we assess if you will require any support other than supervision whilst on your holiday. For those requiring care, this constitutes a Care Plan.

Please note that failure to complete this Form correctly and honestly could result in termination of a holiday.
Return within 14 Days as time delay could result in loss of holiday.

Name (as on passport) _____ **Client's Tel. No.** _____

Passport No _____

(A copy **MUST** be included for all foreign holidays and be valid for your travel)

What do you like to be called _____

Address _____

_____ **Post Code** _____

Date of Birth ___/___/___ **Age** ___ **Special Occasion on holiday** _____

Sex M/F _____ **Religion** _____ **Height** _____ **Weight** _____

Disability Diagnosis (if any) _____

Emergency Contact or Carer Details whilst on holiday(24hours)

Contact Name(s) _____

Address _____

_____ **Postcode** _____

Tel No. Day _____ **Night** _____ **Mobile** _____

E-Mail _____

Doctor's Name _____

Address _____

Tel No _____



Please answer **Yes** or **No** to each of the following questions and fill in the appropriate sections. We cannot take responsibility for the consequences of **not** being informed about the special requirements of a client.

Section A: Mobility please tick the relevant box and add details if required

I have no mobility requirements **If ticked please go to Section B**
 Please tell us of the Support required in the Comments box

Activity	No Support	Very slowly	Support	Comments
Walking				
In & out of Vehicle Car, minibus, coach				
Other				

Activity	Never	Required during day's excursion	All the time	Bring own or wish to hire
Do you use a Wheelchair/scooter				
Do you use a walking aid				
Weight & measurements of wheelchair/ scooter/ walking aid				

Activity	No Support	Support	Comments
Uneven Terrains /planforms			

Activity	No Support	Support	Comments
In and out of Bed			

Activity	No Support	Support	Comments
Stair/Steps			

Section B: Personal Care

I have no personal care requirements	
I have no personal care requirements provided I have only a small step (up to 5cm) into my shower	
I have no personal care requirements provided I have a walk-in shower with disabled facilities	
I will require a walk-in shower with disabled facilities	
I will require a shower seat in my shower	

If ticked, please go to Section C

I prefer to be supported by (Please tick)

Male	Female	Either
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you like to Bath/Shower _____

How often do you like to wash your hair? _____

Are you able to:-

Activity	No support	With prompting	Full support	Comments
Get in & out of a Bath / shower				
Operate taps/controls				
Check temperature				
Do you need a Bath / shower Seat	Yes	No		

Do you require someone to stay in the bathroom or in your bedroom whilst you shower or use the bath? Please comment giving the reason. Yes No

Activity	No support	With prompting	Full Support	Comments
Washing and or drying Bod				
Washing and or drying Hair				
Cleaning teeth				

Roughly how long does it take you to get washed and dressed in the morning? (so we know how long to allow you to get ready before breakfast!)

Other Personal Care	No Support	With prompting	Full Support	Comments
Brush Hair				
Apply Deodorant				
Shave wet/dry				
If menstruating (Females)				

Clothes	No Support	With Prompting	Full Support	Comments
Choose appropriately				
Know when to change				
Putting on clothes				
Taking off clothes				

Toilet	No Support	With prompting	Full support	Comments
Knowing when to Use the toilet				
Able to go alone				
Incontinence pads				

Please bring any continence aids with you as they are not provided. This includes disposable mattress protectors if required. A charge is made for laundry/damaged mattress

Do you need help unpacking?		Do you need help packing?	
YES	NO	YES	NO

Does the generally live alone? Yes No

If yes how many hours of support do you receive a day and how is this support used?

Section C: Meals. Please tick relevant box

	No	Yes, please specify <i>(use separate sheet if needed)</i>
Are you on a special diet		

If you have difficulty telling us what you like to eat or drink, please complete below

What do you like to eat	
-------------------------	--

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

Assistance with eating	No support	With prompting	Cut up/ Soft/Mash	Feed	Comments
Level of support					
Activity	No support	With prompting	Full support	Comments	
Choosing from a menu					
Pouring drinks					
Carrying a tray					
Paying for your meal					

Alcohol	Yes/No	Is allowed to drink	Is NOT allowed to drink	Comments
Can you monitor your own alcohol				

Please provide any further information regarding your diet or assistance you may require at meal times that are not included above or that you feel we should know including likes and dislikes:

Section D: About You Please tick relevant box

	Good	Limited	None	Makaton	Comments/Sign language
Verbal Communication					
	Good	Limited	Glasses	Registered Blind	Comments
Sight					
	Good	Limited	None	Hearing Aid	Comments
Hearing					

Behaviour Please notify us in advance any behavior requirements so we can put the right support in place, please note additional support is chargeable. Failure to notify us may result in your holiday being terminated early. Please see our Terms and Conditions for more information.

Behaviours concerns are and attach any behaviour support plans (if none say 'none')

Things that may trigger these behaviours

Ways the behaviour is currently managed

Independence & Supervision	Yes	No	Comments
*Go out unsupervised during the day			*If you select yes please note that support may not be available to support you as they may be out with the rest of the group.
*Stay behind at the hotel unsupervised during the day			
Enjoy evening entertainment unsupervised			
Return to your room at night unsupervised			
Able to meet at an appointed time & place unsupervised in a small group whilst out			

Please state if you cannot be left alone in your room during the day. Or are likely to wander at night.

Night Time	No Staff	Sleep in Staff	Waking Nights	
Level of support				
	Yes	No		Comments
Do you smoke				

Bearing in mind you will be on holiday please answer the following questions:

What approx. time do you like to get up in the morning _____ :

What approx. time do you like to go to bed _____ :

Money Management

At the start of the holiday spending money can be handed to the leader of the holiday where it is stored in a safe place. A 'bank' is operated each day where you can sign out a daily amount to help you budget. If you chose not to take part in this system, please note that you will be responsible if your money is lost or stolen and Care Holidays will be unable to loan you any money.

Please tick one of the following:

will look after all my own money.

will look after the majority of my own money but would like Care Holidays to keep some in case of emergency.

would like Care Holidays to look after my money and give me an amount daily.

Money Management	No Support	With assistance	Full Support	Comments
Spend in shops				
Check change				
Budget				



Holiday Insurance

We recommend Travel Insurance for all holidays taken with Care Holidays. Insurance is compulsory for all holidays outside the UK.

Please do not take out holiday insurance until the dates of the holiday have been confirmed.

Please check with the office if you are unsure.

Declaration

I declare that all information provided is true and correct to the best of my knowledge at the time of completion. Should there be any significant change to my/the client's health and/or well-being prior to the departure of this holiday I will ensure that Care Holidays are informed.

Print name _____ Date _____

Signature _____

Assessment completed by Care Holidays

Y/N

Signed _____ Date _____



Risk Assessment

Assessment of foreseen risks to client or others by the client whilst taking this holiday. Reasonable suggested precautions, bearing in mind the nature of your chosen holiday, and justifications for taking said risks.

Risks	Suggested precautions if any	Justification



Declaration

I declare that all information provided is true and correct to the best of my knowledge at the time of completion. Should there be any significant change to my/the client's health and/or well-being prior to the departure of this holiday I will ensure that Care Holidays are informed.

I confirm I have read and agree to Care Holidays Limited terms and conditions. I confirm that I have read and agree to information sent by Care Holidays. I agree to read and complete all forms as requested.

I have paid a **20% deposit** and undertake to pay the balance due **8 weeks for holidays in the UK and 14 weeks for overseas** before the holiday is due to take place.

Print name _____ **Date** _____

Signature _____