

Options Supported Holidays Ltd

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Office Hours: *Monday to Friday* 9:30a.m – 3.00p.m
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ASSESSMENT FORM

Please attach a recent photo or email one to the office for our missing persons policy	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. If you do require support you may be charged extra, this is calculated as a % of the cost of the holiday depending on the levels of support required. Please read all enclosed information prior to completing the form. 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
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Holiday Requested _____ Dates ___/___/___ To ___/___/___

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 _____



Options Supported Holidays may wish to use any photographs taken on the holiday in future brochures, web site or other promotional material. If you do not want your photograph to be used, please confirm in writing to the office.

Rooms

The price quoted in the Holiday List is for **two** people sharing a **twin** or **double** room (for couples).

Name of Person you wish to share with (if known)

There are limited single rooms available on some holidays for an additional charge. Please indicate if a single room is required but this cannot be guaranteed

Holiday Insurance

We recommend Travel Insurance for all holidays taken with Options. 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 Options Supported Holidays are informed.

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

I have paid a **25% 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.

Signed _____ Date _____

Print name _____

Contact details should Options have any questions about your needs and holiday booking.

Name & Address

_____ Tel No _____

E-Mail Address _____

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. Please take into account that Options stay in regular hotels and the rooms and bathrooms may not have the adaptations you have at home.

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 <i>Please comment</i>	Comments
Walking				
In & out of Car				
In & out of Mini Bus steps				
On & off Coach Steps				
Other				

There will be more walking on the holiday outings than you normally do, we are usually out all day. Please bear this in mind as you do not want to slow the group down and spoil the enjoyment of your holiday. Please bring any mobility aids with you on your holiday. Staff are not allowed to 'lend an arm' other than for very short distances. *That is what aids are for!*

Activity	never	Outside only	Over 50 meters	Over 100 meters	All the time	May be a good idea on holiday
Do you use a Wheelchair/scooter						
Do you use a Walking aid						

Activity	No Support	Mostly ok	Will try	Not at all	Comments
Uneven Terrains					

Activity	No Support		Support*	With mechanical aids*	Comments
In and out of Bed					
	No Support	With rail	Support*	Lift/stair lift*	Comments
Stair/Steps					

*Staff are not allowed to lift or carry. Please indicate what support/aids you currently use:

Section B: Personal Care Personal care costs are not included as part of the holiday if you have any personal care needs you will be charged extra according to your needs.

I have no personal care requirements If ticked please go to Section C

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

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How often do you like to Bath _____ Shower _____

How often do you like to wash your hair? _____

Are you able to:-

Activity	No support	Verbal reminders	Full support	Comments
Operate taps/controls				
Check temperature				
Get in & out of a Bath				
Bath Seat please tick	Yes	No		
Get in & out of a Shower				
Shower Seat please tick	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.

Reminders are usually given prior to the activity e.g don't forget to wash your face and prompts are usually given during the activity e.g now wash your face etc

Activity	No support	Verbal reminders	Verbal prompts	Full support	Comments
Washing Body					
Washing Hair					
Drying body					
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!)

Section B: Personal Care cont/d. Please tick relevant box

Are you able to:-

Other Personal Care	No Support	Verbal reminders	Verbal Prompts	Full Support	Comments
Brushing Hair					
Using Deodorant					
Shaving wet /dry					
If menstruating					

Clothes	No Support	Verbal reminders	Verbal Prompts	Full Support	Comments
Choose appropriately					
Know when to change					
Putting on clothes					
Taking off clothes					

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

	Independent No Support	With Prompts	Day Uses Pad	Night uses	Comments
Continence					

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 client generally live alone?

Yes/No

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

Section C: Meals. Please tick relevant box

	No	Please specify <i>(use separate sheet if needed)</i>
Are you on a special diet?		

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

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

Do you require: -

	Unaided	Prompt	Cut up	Soft/Mash	Feed	Comments
Assistance with eating						

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

Tick at least two boxes please

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

For your own enjoyment and that of others on the holiday we ask clients to drink responsibly, if you persistently drink too much on your holiday, your holiday may be terminated. Please see our terms and conditions for more information.

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

Section D: About You. Communication Skills Please tick relevant box

	Good	Limited	None	Makaton	Comments
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.

Please tell us about all behavioural concerns, their triggers and ways they are helped.

Please attach any behaviour support plans

Behaviours that concern are (*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 and requested on the holiday the holiday supporters will not be available to support you if required as they will 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 (eg independent shopping or looking round a museum etc) if they choose			

Please state if you cannot be left alone in your room during the day.

	No Staff	Sleep in Staff	Waking Nights	Staff are available for emergencies only during the night if you regularly require support at night it will be chargeable. Please notify us in advance any requirements so we can put the right support in place. Failure to notify us may result in your holiday being terminated early. Please see our terms and conditions for more information.
Night Time				

	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 Options Supported Holidays will be unable to loan you any money.

Please tick one of the following:

- I will look after all my own money.
- I will look after the majority of my own money but would like Options to keep some in case of emergency.
- I would like Options to look after my money and give me an amount daily.

Money Management	Independently No Staff	With assistance	Unable to	Comments
Spend in shops				
Check change				
Budget				

What are your leisure interests? (circle the ones you particularly like)

Shopping Theatre Films Beach

Castles & Old Houses Trains Sports Riding

Animals Discos Bowling Boats

Swimming (including ability) Art & craft Sightseeing

Do you have any other interests?

Section E: MEDICATION

I do not take any medication on a regular basis.

Unless you are able to fully self medicate with No Support, please tick for Options Supported Holidays staff to administer medication. Options holiday supporters will not be able to check if someone has taken their medication if they choose to self-medicate. If travelling outside the UK please speak to your doctor about taking your medication and the possible time differences. Please send any instructions given by your Doctor to the Options Office before the holiday if no information is given medication will be administered accordingly at the local time. If holiday supporters are to administer medication, please ensure it is prepared in accordance with our medication policy.

If you take medication, please tick **one** of the boxes below. Your booking form will be returned to you if this is not completed.

Self-Medicare - I will look after and take my own Medication with NO Staff Present	Support – Options Staff to keep medication

Please list all medication, details and why you take it regardless of the fact if you are self-medicating or not. We will send you a medication form near your holiday for you to bring with you

Have you been diagnosed with any of the following:- (Please circle those that apply)

Epilepsy* **Diabetes** **Allergies** **Mental Health issues** or **Other** (please specify)

Please fill out all details about any medical conditions including allergies, epilepsy, diabetes include whether diet or insulin controlled. You must inform Options of any special needs and mental health issues, & other health issues such as high blood pressure, heart conditions, back problems etc.

Also include any difficulties with sight and hearing and whether a denture user. If you also would like to expand on any of the questions asked, please feel free to do so. (Use extra sheet if necessary.)

Epilepsy – If you regularly have seizures we recommend that you share a room as staff rooms may not be nearby as they may have a room on a different floor.

PLEASE SEND COPY OF EPILEPSY CARE PLAN WITH THIS FORM

The more information we have the better quality of holiday we are able to offer.

A client may require Paracetamol as a PRN whilst on holiday.

Please tick if they are able to take Paracetamol (tablets to be provided by client)

A client may require anti-diarrhea as a PRN whilst on holiday

Please tick if they are able to take anti-diarrhea (medication to be provided by client)

Please bring medication with you as it will not be possible to obtain this on the holiday.

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