

# Access Requirements: Travel, Accommodation & Wellness



South Australian **Film Corporation**

Please use this form to inform us of your access, dietary, travel and accommodation requirements for [insert project specifics here]. This information is confidential and will be used to assist the [insert organisation name here] to meet your specific needs within available resources.

Where necessary [insert organisation name here] will get in touch with you to further discuss your specific requirements.

When you have completed this form please email it to: \_\_\_\_\_

Or you can phone \_\_\_\_\_ to discuss your access and other requirements.

Your Name: \_\_\_\_\_

## Communications

Required format for written information (please tick):

- Standard (12 point font)
- Large print
- Audio
- Braille
- Other format, please describe: \_\_\_\_\_

<b>Do you require a sign language interpreter?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you require other communication support?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please detail your requirements: _____ _____		
<b>Do you require wheelchair access?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you require an accessible bathroom?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have a mobility impairment that would restrict the use of steps?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you need orientation to the venues?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will you need personal support?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you require a quiet space at the venue?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DELETE THIS PAGE AS NECESSARY**

**Travel**

**Please let us know your preferences for flights.**

**Departing flight:**

Preferred airport: \_\_\_\_\_

Preferred flight date: \_\_\_\_\_

Preferred flight time (eg: morning, afternoon, evening): \_\_\_\_\_

Do you have any other flight preferences or requirements?

\_\_\_\_\_  
\_\_\_\_\_

**Return Flight**

Preferred airport: \_\_\_\_\_

Preferred flight date: \_\_\_\_\_

Preferred flight time (eg: morning, afternoon, evening): \_\_\_\_\_

Do you have any other flight preferences or requirements?

\_\_\_\_\_  
\_\_\_\_\_

**Frequent Flier or loyalty program (if applicable):** \_\_\_\_\_

**Membership number:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

We will follow up to provide information on:

- Visa requirements
- Ground Transport

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**Travel Access Requirements**

<b>Do you need meet and assist?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you bringing a wheelchair or other mobility aid?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please provide the following information: <b>Wheelchair type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Electric <b>Battery type:</b> <input type="checkbox"/> Gel Cell (dry) <input type="checkbox"/> Wet Non-Spillable <input type="checkbox"/> Wet Spillable <input type="checkbox"/> Lithium <b>Dimensions (cm):</b> Length _____ Width: _____ Height: _____ Weight (kg): _____ Please note: the carrier may ask additional questions after bookings are made.		
<b>Are you traveling with any medications?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you got a letter from your GP listing your medications?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", can you provide us with a copy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Do you have any other access requirements for travel? Please detail:**

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**Dietary Requirements**

**Do you have any dietary requirements? (please tick)**

- Gluten free
- Dairy free
- Vegetarian
- Vegan
- Other, please describe: \_\_\_\_\_

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**Accommodation**

**Name:** [insert name of accommodation]

**Address:** [insert address of accommodation]

**Description:** [insert a few lines describing the accommodation]

**Website:** [insert accommodation website URL]

**Your accommodation will be provided from:** [insert dates]

**Check in:** [insert date/time]

**Check out:** [insert date/time]

If you want to extend your stay we are happy to book accommodation on your behalf at [insert name of accommodation]. It would be best to budget approximately [insert \$ amount] per night. These prices may change depending on the extra nights you want, and we would endeavour to get the best price available.

If you want information about other accommodation we can assist.

**Please tell us below of any other access requirements for hotel accommodation, travelling and the project not already covered in this form, or additional information you feel we need to know to better support you:**

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## Wellness

Please suggest ways in which we could assist you to maintain good health (eg: providing a quiet environment, providing information in writing as well as verbally):

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Are there any signs or symptoms you would like us to be aware of which may indicate that you are becoming unwell?

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Do you have any medical needs? (eg: requiring a fridge in hotel room for medication):

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## Emergency Contact Information

**Person 1**

Contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number/s: \_\_\_\_\_

**Person 2**

Contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number/s: \_\_\_\_\_

By signing this form you give permission for [insert organisation name] to call your emergency contact people listed above in the event that you become unwell.

Signed: \_\_\_\_\_  
(electronic signature is acceptable)

Dated: \_\_\_\_\_

### **Your Contact Preferences**

**How would you like to be contacted?**

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Contact by text/SMS only:**  Yes

**Email:** \_\_\_\_\_

**Skype:** \_\_\_\_\_

**Other (please describ):** \_\_\_\_\_

**All information provided in this form will remain confidential.**

**Please contact us if you need this form in an alternative format, or if we can assist in any way.**