Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

Destination		**Departure Date**	

PERSONAL DETAILS (PLEASE ANSWER ALL QUESTIONS)

First Name:	
Last Name:	
Date of Birth:	
Address (including Postcode):	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	
NEXT OF KIN	
Full Name:	
Relationship:	
Address (including Postcode):	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	
CONTACT DETAILS OF PERSON WHO WILL COLLECT YOU AT THE END OF THE HOLIDAY	
Full Name:	
Relationship:	
Address (including Postcode):	
Emergency Telephone Number:	
Email Address:	

Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

YOUR DOCTOR'S CONTACT INFORMATION	
First Name:	
Surname:	
Surgery Address (including postcode):	
Telephone Number:	
PASSPORT & HEALTH CARD (THIS IS REQUIRED FOR EUROPEAN TRAVEL)	
Passport Number:	
Date of Expiry:	
EHIC Card Number:	
Date of Expiry:	
Insurance provided by The Jumbulance Trust	☐
*If you have your own insurance please provide the following details:	
Insurance Provider:	
Policy Number:	

Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

MEDICAL INFORMATION

If you have a Care Plan please provide a copy

Note: If there is any change in your medical condition or medication prior to travelling, then please inform the Group Leader or the Jumbulance Office

Medical Conditions: (please use back of page if required)	
Past Operations: (please use the back of page if required)	
Height:	
Weight:	
Are you a diabetic?	☐
If Yes, how is this controlled?	
Do you have a pacemaker?	☐
Do you suffer from epilepsy?	☐
If Yes, please provide more details – symptoms, treatment, etc. When was your last attack?	
Do you suffer with memory loss?	☐
Please specify other medical conditions requiring injections or special treatment	
Mobility:	
Are you able to stand?	☐
Are you able to walk?	☐
Are you able to manage stairs?	☐
Do you use a wheelchair?	☐

Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

Do you have your own wheelchair?	☐	
If yes, is it collapsible?	☐	
Manual or Electric Wheelchair? **(If Electric chair please contact the group organiser)**		
Wheelchair Dimensions	Open	Folded
Width:		
Height:		
Depth:		
Wheelchair Weight: (KG)		
Specify aids used, eg, walking stick, zimmer frame, etc.		
Do you need a hoist for transferring? (please bring your own slings)	☐	
Communication:		
Sight		
Visual Aids		
Hearing		
Hearing Aid		
Speech		
*Please specify restriction and aids used, eg. Boards, cards, etc.		
Breathing:		
Do you use inhalers?	☐	
Do you use a nebuliser? (If yes, please bring your own)	☐	
Do you need oxygen? (If used frequently, please bring your own supply which must be ordered in advance)	☐	
Personal Hygiene:		
Independent with personal care?	☐	
Do you need assistance with washing?	☐	
Do you need assistance with dressing?	☐	
Are you continent?	☐	

Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

Do you use pads? (If yes, please bring your own)	☐
Do you have a catheter? If yes, please bring a spare If yes, date last changed:	☐
Do you use any of the following: Bottle (please bring your own) Bedpan Commode	
Do you have any current sore areas or wounds? (If yes, please bring 10 days' supply of dressings)	☐
Nutrition:	
Special Diet	
Do you have any specific diet requests?	
Do you need assistance with feeding?	☐
Do you need assistance with drinking?	☐
Are any aids or appliances used? (Please bring special cups, straw, rimmed plate, etc.)	☐
Are you fed by a gastric tube? (If YES Please bring at least 10 days' supply)	☐
Night Time	
Do you need any help during the night?	☐
Allergies:	
Any known allergies?	☐
Any known drug sensitivities?	☐
If yes to either of the above please provide more details such as reaction, treatment, etc	

Jumbulance
making accessible travel possible

MEDICATION

IMPORTANT – PLEASE LIST ALL MEDICATION AND ATTACHED CHEMIST'S PRINT OUT AND BRING 10 DAYS SUPPLY OF MEDICATION AND DRESSINGS WITH YOU.

If any of the above medication information should change before the date of travel please inform your group leader as soon as possible. Failure to complete this section properly will result in you being refused travel.

Are you self-medicating?	☐	
Medicine Name	**Dosage**	**Frequency**

Jumbulance
making accessible travel possible

TRAVELLER APPLICATION

GENERAL INFORMATION AND DECLARATION
(Everyone to complete this section)

Is this your first Jumbulance trip? If not, how many times have you travelled ?	☐
Photograph / video consent* Do you give permission for photos and video of you to be reproduced for the purposes of promotion? **Conditions of use** - We will not use the photographs/film for any other purposes than those mentioned above. - We will not include personal details (such as postal addresses, or telephone number) on our website, printed materials or other marketing/promotional materials. - Copyright of photographs taken will remain with the property of Jumbulance Trust. Images will be held by the Jumbulance Trust for a minimum of 10 years. ***Full consent form available if required**	☐
Are you a smoker? The Jumbulance Trust has a strict no smoking policy (and drinking alcohol is not permitted) on the vehicle.	☐
Please tick to confirm that you have seen and understood our Child & Vulnerable Adult Policy	☐

I confirm that the above information is correct and authorise the Jumbulance Trust or its representatives to seek confirmation from my Doctor if required. For insurance purposes I also confirm:

i) That I am not travelling against the advice of a medical practitioner nor for the purpose of obtaining medical treatment abroad.

ii) That I am not expecting to give birth before or within eight weeks following the date of arriving home

The group leader/s and/or Jumbulance Trust do not accept and you hereby release each of them from all and any liability or obligation to pay to you any compensation, costs or damages for any loss which you may incur a) as a result of any changes or delays in to the holiday arrangements and/or b) or for any damage or injury caused to you or any group member during the holiday howsoever arising.

Application's Signature: …… Date: Click here to enter a date.

If completing electronically please check this box to confirm you have read, understand and agree to the above ☐

We recently updated our privacy policy to align with the new GDPR regulations; continuing our commitment to the security of your data and transparency in its handling, full information can be obtained from the office info@jumbulance.org.uk