

## Accompanied Holiday - Checklist

A: DETAILS OF PROPOSED HOLIDAY			
<b>SERVICE USER:</b>		<b>SERVICE USER:</b>	
DETAILS OF HOLIDAY:	Name, address and contact telephone number of holiday location:		
	Risk Assessment(s):	Conducted by:	Date(s):
	Accompanying staff members: <i>("F/Aider" indicates that the staff member is a trained First Aider)</i>	Name:	F/Aider: <input type="checkbox"/> YES / <input type="checkbox"/> NO
		Name:	F/Aider: <input type="checkbox"/> YES / <input type="checkbox"/> NO
		Name:	F/Aider: <input type="checkbox"/> YES / <input type="checkbox"/> NO
EMERGENCY CONTACT DETAILS (relevant to holiday location):	POLICE:		Tel:
	MEDICAL SURGERY (nearest):		Tel:
	HOSPITAL		Tel:
	(nearest):		Tel:
	CREDIT CARDS:	Emergency telephone numbers:	
B: CHECKLIST & ACTION PLANS			
<b>B1: SERVICE USER (tick box when completed)</b>	✓	<b>B2: STAFF MEMBERS (tick box when completed)</b>	✓
Service user has mental capacity:	<input type="checkbox"/>	Funding / staff payment issues resolved:	<input type="checkbox"/>
Service user will participate in decisions regarding their care:	<input type="checkbox"/>	Service user paperwork and records:	<input type="checkbox"/>
Safeguarding issues if service user is very vulnerable:	<input type="checkbox"/>	MAR Charts (Medicine Administration Records):	<input type="checkbox"/>
Appropriate clothing, footwear etc:	<input type="checkbox"/>	Consent Forms in place:	<input type="checkbox"/>
Toiletries and personal items:	<input type="checkbox"/>	Authorised driver:	<input type="checkbox"/>
Aids to daily living (spectacles, walking aids etc):	<input type="checkbox"/>	Vehicle is properly insured, taxed, and has current MOT:	<input type="checkbox"/>
Essential medication and medical equipment (Epi-pen, etc):	<input type="checkbox"/>	Appropriate training for staff, including moving and handling:	<input type="checkbox"/>
Monies:	<input type="checkbox"/>	Mobile phone and charger, and 24/7 emergency numbers:	<input type="checkbox"/>
Credit and debit cards:	<input type="checkbox"/>	Documented Risk Assessments in place:	<input type="checkbox"/>
Special dietary requirements:	<input type="checkbox"/>	Special arrangements for transporting luggage:	<input type="checkbox"/>
Foreign holidays – passport, visa, insurance, cash / cards	<input type="checkbox"/>	Foreign holidays – passport, visa, insurance, cash / cards	<input type="checkbox"/>
B3: COMMENTS & ANY ACTION REQUIRED:			
Signature (for Organisation): _____ Name: _____ Date: _____			