

Mobility Information

As you may know, a cruise is quite different from a land-based holiday and it is important for passengers with restricted mobility to know about certain aspects of shipboard life. P&O Cruises Australia is unable to provide day-to-day personal care as we do not provide a nursing or carer service onboard. If you require assistance in relation to any of your day-to-day living, then you must arrange for a companion or carer to accompany you on your cruise. Our onboard medical centre provides care only in the case of illness or injury.

The ship has a limited supply of wheelchairs available for use onboard, however these are generally reserved for emergencies. We suggest that passenger's supply their own wheelchair if one is required for the duration of the cruise. If you decide to bring your own wheelchair, please notify our Customer Care Department as soon as possible as we will need to know the measurement and type, so we can ensure that it can be manoeuvred through the cabin doorway as doorways do vary in size from cabin to cabin. **Please use the mobility questionnaire attached to this document to advise us of details.**

All wheelchairs must be stowed in cabins, as they cannot be allowed to obstruct corridors, emergency doors or stairwells. Please note, unfortunately we are unable to undertake any repairs to wheelchairs on board.

Please note, it is not our intention to accentuate the difficulties on board, but we feel it important to bring some aspects of life on board to your attention to ensure that you enjoy your cruise with us. If you have any further enquiries, please do not hesitate to contact Customer Care on **1300 653 852** (AU) or **0800 444 762** (NZ).

MOBILITY QUESTIONNAIRE

NAME:

BOOKING REF:

CRUISE NUMBER:

CABIN NUMBER:

Please remember cabin numbers are always subject to change. P&O Cruises, Australia always endeavour to meet passenger cabin requests, however this is not always possible.

We respect your privacy and the personal information you provide to us in this questionnaire will be treated in accordance with our privacy policy. In order to facilitate your cruise, certain information may be required by and disclosed to certain organisations (e.g. customs and immigration authorities or airline carriers if a transfer is required) but only as necessary. You can request access to the personal information we have collected about you and obtain a copy of our privacy policy from our Privacy Officer. We may not be able to properly facilitate the booking, carriage and administration of your cruise if you do not provide us with all the information requested on this form.

Please answer the following questions:

Are you traveling independently or with a carer? (please advise details of carer if applicable).					
Will you require wheelchair assistance during the embarkation/disembarkation process? (Please tick)	Yes		No		
Please state if you are taking a wheelchair or a mobility aid (please specify)					
Do you intend to use your wheelchair /mobility aid full time or periodically around the ship? (Please tick)	Full-time use	Frequent use	Part-time use	Infrequent use	
Do you require the use of your wheelchair / mobility aid to move around your cabin? (Please tick)	Yes			No	
Is your wheelchair / mobility aid manual or battery operated? (Please tick)	Manual			Electric (battery operated)	
If your wheelchair / mobility aid is battery operated, please advise battery type? (Please tick)	Dry cell			Wet cell	
Is your wheelchair / mobility aid collapsible? (Please tick)					
If your wheelchair/mobility aid is collapsible, can it be stowed on its side?	Yes			No	
Please advise wheelchair / mobility aid weight and dimensions. Please give the open (o) and collapsed (c) dimensions.	O	Width (cm)	Length (cm)	Height (cm)	Weight (Kg)
	C	Width (cm)	Length (cm)	Height (cm)	Battery weight (Kg)
Will you be bringing any additional mobility aids (i.e. additional wheelchair / scooter, hoist etc) If so, please advise.					
Do you have any other conditions or requirements that you believe we should be made aware of? (eg: medical or dietary)					
Passenger signature.....Date.....					
I agree to assist the above mentioned passenger at all times during the cruise, including home and away ports and any associated transfers.					
Carer/companion signature (if applicable).....Date.....					

Please complete the following only if you have booked a fly/cruise package with P&O Cruises, Australia

Are you able to walk long distances?	Yes	No
Are you able to ascend/descend steps?	Yes	No
Are you able to walk from the aircraft door to seat?	Yes	No
Are you able to self transfer into the airline seat?	Yes	No
Do you require an upper torso constraint?	Yes	No
Please list any additional flight requests here. (Please note, we cannot guarantee that your requests will be met by the air carrier)		

Please return this questionnaire to the following address at **least 60 days prior** to your departure:
 Customer Care, Carnival Australia, Locked Bag 1014, ST LEONARDS, NSW 1590
 Facsimile: +61 2 8424 9015