



**VOYAGE OF REMEMBRANCE  
SUNDAY 2<sup>ND</sup> TO SUNDAY 9<sup>TH</sup> JUNE 2019**

Please complete this form in full and return it to Remembrance Travel by Monday 4<sup>th</sup> March 2019. All applicants will be entered into a ballot for places however please note that we are unable to accept the application until all sections of the form have been completed. It is essential that you complete this form accurately and honestly.

The eligibility of all applicants will be checked by the Royal British Legion and confirmation of your places will be sent by Royal Mail.

**VETERAN'S NAME** (As shown in passport): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **MOBILE NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CITY / TOWN OF BIRTH:** \_\_\_\_\_

**PASSPORT NO:** \_\_\_\_\_ **PASSPORT ISSUE DATE:** \_\_\_\_\_

**PASSPORT EXPIRY DATE:** \_\_\_\_\_ **COUNTRY OF PASSPORT ISSUE:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_

**SERVICE NUMBER (if known):** \_\_\_\_\_ **RANK / EMPLOYMENT:** \_\_\_\_\_

**REGIMENT / UNIT:** \_\_\_\_\_

**DATES IN NORMANDY:** \_\_\_\_\_

**DETAILS OF SERVICE IN AREA:** \_\_\_\_\_

Do you belong to a Service Association (Naval, Regimental etc) Yes:  No:

If yes, please give details: \_\_\_\_\_

**CARER INFORMATION** – To be completed by the carer accompanying a veteran

Funding is available for **one carer to accompany the veteran** on the tour in order to look after him. As the carer, you are expected to be able bodied, fit enough to push a wheelchair if required by the veteran, support the veteran with any personal hygiene or needs and in the unlikely event that the veteran is hospitalised, you would be expected to stay with them even if the remainder of the group were returning to the UK. Your responsibilities will also include assisting the veteran during embarkation and disembarkation of the ship and coaches, assisting with muster drill on day one and in the event of an emergency on board you would be expected assist the veteran in leaving the ship.

**NAME** (As shown in passport): \_\_\_\_\_

**RELATIONSHIP TO VETERAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **MOBILE NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CITY / TOWN OF BIRTH:** \_\_\_\_\_

**PASSPORT NO:** \_\_\_\_\_ **PASSPORT ISSUE DATE:** \_\_\_\_\_

**PASSPORT EXPIRY DATE:** \_\_\_\_\_ **COUNTRY OF ISSUE:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_

I confirm that I have read and understood what is expected of me, and confirm that I am physically able to fulfil the role of carer.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TRAVEL**

Regional coach transfers to and from the Port of Dover are available at no extra charge. Details of the coach pick-up points and timings will be sent with the confirmation of your place on the Voyage of Remembrance. Alternatively,

car parking is also available at the port for an extra charge and details of how to book will be sent with the confirmation.

Please complete the following:

Would you like to take advantage of the regional coach transfers    Yes      No  

For planning purposes only, please advise your nearest main line train station: \_\_\_\_\_

If you are intending to travel to Dover independently either by car or train, please tick  

**CABIN ACCOMMODATION**

Under the terms of the funding, each veteran will be entitled to ONE twin or double cabin to share with their carer. Places will be allocated by ballot but in the meantime we would appreciate it if you could tick your cabin preference:

Twin Cabin (Two Beds & shower)                         Twin Cabin (Two Beds and bath)                     

Double Cabin (One double bed and shower)                         Double Cabin (One double bed and bath)                     

A limited amount of adapted cabins for those with restricted mobility are available on board ship. If you would like to be considered for one of these cabins please tick the box and we will contact you to discuss your requirements.

Accessible cabin required                     

Please note that it is possible to request a raised toilet seat or shower stool (subject to availability) for use in your cabin to alleviate the need for an accessible cabin. If you require any of these items please tick the relevant box.

Raised toilet seat                                            Shower stool                     

**DINING & DIETARY REQUESTS**

On board ship there will be two dinner sittings each evening at 1800hrs and 2015hrs. Please tick your preferred dining option

First sitting @ 1800hrs                                            Second sitting @ 2015hrs                     

No preference                     

Please note once confirmed, your chosen sitting will be guaranteed for the duration tour. Timings for breakfast and lunch will be confirmed in the daily program on board.

If you have a dietary request (Vegetarian / Gluten Free / Diabetic meal etc), please advise:

Name: \_\_\_\_\_ Request: \_\_\_\_\_

Name: \_\_\_\_\_ Request: \_\_\_\_\_

**HEALTH:**

Please detail any medical or other condition(s) that may affect your ability to participate in the Voyage of Remembrance. Please include as much information as possible including details of your last medical appointments or procedures relating to the condition.

**Veteran:**

Are you affected by any of the following conditions (Please tick)

- 1. Heart conditions
- 2. Mental health issues
- 3. Terminal illnesses
- 4. Cancer
- 5. Any Dementia umbrella conditions
- 6. Epilepsy or seizures
- 7. Recent major surgery within 3 months?
- 8. Life threatening allergies
- 9. Respiratory (requires oxygen) hospital admissions in the last 6 weeks.
- 10. Chronic Neurological conditions
- 11. Allergies
- 12. Dietary requirements

**Medication**

Please detail the medication you take to control your medical condition:

**Medical Procedures**

Please detail any medical procedures you have booked in the future relating to your medical condition:

**Medical treatments whilst on board**

If you require the medical team on board to administer any non-emergency medical treatments to you whilst on board, please detail (i.e. injection, dressing changes etc):

**Special adjustments**

If your medical condition requires us to make any special adjustments to be able to accommodate you on board please detail:

**Carer:**

Are you affected by any of the following conditions (Please tick)

- 1. Heart conditions
-

- 2. Mental health issues
- 3. Terminal illnesses
- 4. Cancer
- 5. Any Dementia umbrella conditions
- 6. Epilepsy or seizures
- 7. Recent major surgery within 3 months?
- 8. Life threatening allergies
- 9. Respiratory (requires oxygen) hospital admissions in the last 6 weeks.
- 10. Chronic Neurological conditions
- 11. Allergies
- 12. Dietary requirements

**Medication**

Please detail the medication you take to control your medical condition:

**Medical Procedures**

Please detail any medical procedures you have booked in the future relating to your medical condition:

**Medical treatments whilst on board**

If you require the medical team on board to administer any non-emergency medical treatments to you whilst on board, please detail (i.e. injection, dressing changes etc):

**Special adjustments**

If your medical condition requires us to make any special adjustments to be able to accommodate you on board please detail:

**MOBILITY**

Fred Olsen reserve the right to refuse boarding at the port on day of departure if, in their opinion (through observation), any persons impaired mobility prevents them from safely negotiating a gangway or moving around the vessel in a safe & secure manner at all time. It is therefore essential that you complete this section as accurately as possible to ensure you are not denied boarding.

You may be required to embark or disembark via a stepped gangway. This is a gangway that can operate at different angles depending on which deck boarding will take place. A stepped gangway could be relatively flat (with steps that are very shallow) or could be angled (which will have higher steps). It is important you are able to negotiate a stepped gangway with minimal assistance from the crew. A stepped gangway can have up to 40 steps with a threshold of 6 inches. As an example, if you are unable to walk up a flight of stairs, you will not be able to negotiate a stepped gangway.

Due to health & safety reasons, whilst the crew may be able to offer an arm they are not permitted to lift or carry guests off and on the vessel at any time.

IMPORTANT - If you are at all unsure if you will be able to negotiate a stepped gangway, please contact us.

**Will you be able to negotiate a stepped gangway with minimal assistance:** Yes  No

**Are able to climb 3 or 4 steps to board a coach:** Yes  No

Please advise whether you will be bringing any of the following mobility aids:

Collapsible Rollator / Tri-walker	<input type="checkbox"/>	Walking Frame	<input type="checkbox"/>
Walking stick	<input type="checkbox"/>	Collapsible wheelchair for <u>shore use only</u>	<input type="checkbox"/>
Wheelchair for use on board ship (accessible cabins only)	<input type="checkbox"/>		

Other \_\_\_\_\_

Please note: Wheelchairs will not be permitted on board ship unless you are accommodated in an accessible cabin however it will still be possible to take a collapsible wheelchair for shore use only. We are unable to supply wheelchairs for use on board ship or when ashore therefore if you require a wheelchair, you should bring your own.

In order to bring your wheelchair (for onboard or shore use), please pre-book by completing the following:

I am bringing my own wheelchair which is  Manual  Motorised

Are you fully confined to the wheelchair  Yes  No

Wheelchair dimensions - when fully open/assembled. Do not provide dimensions when closed/unassembled.

Height: \_\_\_\_\_ cm      Width: \_\_\_\_\_ cm      Length: \_\_\_\_\_ cm

(Please note that the maximum width permitted for a non-collapsible wheelchair is 56cm when occupying a non-adapted room).

Weight: \_\_\_\_\_ kg (empty)      \_\_\_\_\_ kg (including guest)

This is required to ensure the weight limit of our mobility safety equipment is not exceeded.

Does the wheelchair dismantle? (please tick) Yes  No

Weight of heaviest component when dismantled (if applicable) \_\_\_\_\_ kg

Number of batteries (if applicable) \_\_\_\_\_

Type of batteries (if applicable) (please tick) Wet Cell  Dry Cell  Lithium

Please note:

On no account should collapsible wheelchairs that have not been pre-booked be brought on board in luggage items. Such items will be scanned and confiscated at check-in.

Wheelchairs weighing in excess of 25kg cannot be taken ashore at any port of call, unless access is via an air-bridge, owing to health and safety regulations, unless they can be dismantled (please note the process of dismantling & reassembly must be carried out by the guest). Each element must not weigh more than 25kg.

Guests bringing wheelchairs on board are required to store them within their room. Owing to safety regulations they cannot be left in corridors or public areas unattended at any time.

When sailing out of a UK departure port, your wheelchair must be brought to check-in. You should not give it directly to the baggage handlers, as it will need to be specifically labelled for the benefit of our gangway staff. Please do not remove this label during the tour

Fred. Olsen Cruise Lines cannot guarantee that guests with restricted mobility will be able to go ashore in every port of call for access and health and safety reasons, although FOCL will take reasonable steps to ensure that all guests are affected as little as possible by restricted facilities at the ports of call.

If you have any other mobility conditions that could adversely affect you on this tour, please advise:

#### **MEDIA**

There are occasions when we are asked for veterans to participate in local and national press and radio interviews. If you would be willing to participate in any such interviews please advise:

Yes, I am willing to be interviewed

No, I am not able to participate in any interviews

#### **DECLARATION**

We confirm that we have completed the form with true and accurate information about ourselves. We permit the Royal British Legion, Fred Olsen Cruise Lines and Arena Travel to share this information with relevant suppliers such as port authorities, medical staff etc.

We confirm that we have read the General Mobility Policy

We confirm that we have applied or are in possession of a valid EHIC card for insurance purposes

We confirm that if our health, mobility or anything else which may affect the Voyage of Remembrance between completing this form and the date of travel, I will advise Arena Travel immediately of such changes. We understand that failure to comply with this may result in us being able to travel.

Your form should be sent to Arena Travel, a Royal British Legion Partner. Arena Travel will store and process your data in line with their Privacy Policy (<https://www.arenatravel.com/privacy-policy>). Data will be shared with Fred Olsen and the Royal British Legion to check your eligibility and for event purposes.

At the Royal British Legion we take our commitment to maintaining the privacy and security your personal data extremely seriously, ensuring that we meet all data protection requirements. We do not pass on any of the information that you give us to any third parties, except in circumstances where such information may be requested by the police to ensure the security of our events.

**What we collect and why?**

The Royal British Legion will only collect the personal data that is absolutely necessary to register you for one of our events and to ensure the safety and security of that event. That is why we may ask you for different data for different events. When you register for an event your data will be stored in our event accreditation system. This allows the Royal British Legion Remembrance Team to contact you about the event. Please note, this will not be communication regarding fundraising events.

We will not continue to hold any of your data any longer than is required and as such we will delete your personal data one month after the event you have registered to attend.

Full details of The Royal British Legion’s privacy policy can be found here: <https://www.britishlegion.org.uk/about-us/our-privacy-policy-and-promise>

**Veteran name:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Carer name:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBRANCE TRAVEL**  
**C/O ARENA TRAVEL, 2 BETTS AVE, MARTLESHAM HEATH, IPSWICH, SUFFOLK, IP5 3RH**

