



ABTA Consumer Survey

As you may be aware one of ABTA's main objectives is to ensure that membership of the Association is recognised as a guarantee of integrity, competence and a high standard of service. To help us to monitor this we would be grateful if you could take a few minutes to complete this form giving us information about your experience of dealing with ABTA and an ABTA member. Please note that this questionnaire is for survey purposes only and we are not able to respond to the points raised.

The information that you provide will contribute to our statistical analyses which are used in our discussions with our members and with outside bodies such as the Office of Fair Trading for the improvement of consumer service within the travel industry. In order to achieve this the information may be shared with relevant agencies but will not be used for marketing or other purposes not related to the monitoring and improvement of standards of service in the travel industry. Do not fill in your name and address if you would prefer not to.

Title (Mr,Mrs,Miss).....	Initial.....	Surname:.....
Address:.....		
		Post Code:.....

Section 1. About Arranging Your Holiday.

Within the last year how many holidays have you taken?

[Now, please answer the following questions about the last holiday you booked:]

Did you book your holiday through a Travel Agent? Yes / No (if No, go to 2 below)

Was the Travel Agent an ABTA member? Yes / No / Unsure

What was the name of your Travel Agent? (eg, Going Places, Lunn Poly etc.)

Section 2. About Your Tour Operator.

What was the name of your Tour Operator? (eg, First Choice, TUI UK etc)

Was your Tour Operator an ABTA member Yes / No / Unsure

What was the cost of your holiday? (Approx)

Did you find their brochure accurate? Yes / No / Unsure

**Section 3.
About Booking Your Holiday.**

Did you purchase insurance? Yes / No

If Yes did you purchase it from your travel agent or tour operator? Travel agent /
Tour operator / Neither

Did they make you aware of the need to comply with the insurance company's requirements and of your duty to disclose to the insurance company all relevant information e.g. pre-existing illness? Yes / No

Were you given information about any Visa/Passport requirements? Yes / No

Were you given information about any health requirement? Yes / No

Were you given information about booking conditions applicable to your travel arrangements before the contract was made? Yes / No

Were you made aware of the availability of any advice issued by the Foreign and Commonwealth office? Yes / No

In evaluating your experience was the quality of service you received prior to going on holiday:

Very Poor <input type="checkbox"/> , Somewhat unsatisfactory <input type="checkbox"/> , About average <input type="checkbox"/> , Very satisfactory <input type="checkbox"/> , Superior <input type="checkbox"/>

Please indicate from the following list the main area of complaint:

Pre-departure changes (accommodation) <input type="checkbox"/>	Agent/operator admin <input type="checkbox"/>
Pre-departure changes (transport) <input type="checkbox"/>	Brochure inaccuracy <input type="checkbox"/>
Pricing query <input type="checkbox"/>	Cancellation <input type="checkbox"/> Other (see box below) <input type="checkbox"/>

'Other' (please give brief details)

**Section 4.
About your holiday**

In evaluating your experience was the quality of service you received while on holiday:

Very Poor , Somewhat unsatisfactory , About average , Very satisfactory , Superior

Did you have a problem whilst on holiday? Yes / No

If Yes, was the Tour Operator's Representative

Very Poor , Somewhat unsatisfactory , About average , Very satisfactory , Superior

Please indicate from the following list the main area of complaint with the holiday:

Poor accommodation	<input type="checkbox"/>	Food	<input type="checkbox"/>	Reps services	<input type="checkbox"/>
Facilities in resort	<input type="checkbox"/>	Flight delay	<input type="checkbox"/>	Brochure query	<input type="checkbox"/>
Pricing query	<input type="checkbox"/>	Agent/operator admin	<input type="checkbox"/>	Cancellation	<input type="checkbox"/>
Other (see box below)	<input type="checkbox"/>				

'Other' (please give brief details)

Upon your return did you contact the company concerned? Yes / No

If Yes, how long did they take to respond to a complaint?

Less than 7 days , 7 – 14 days , 14 – 28 days , More than 28 days

Did you pursue your claim? Yes / No

If Yes, was this through the ABTA Arbitration Scheme or your local County Court? Arbitration / Court

How much were you claiming? £.....

Did you win your case? Yes / No

Were you awarded what you were claiming? Yes / No

If No, how much were you awarded: £.....

**Section 5.
About ABTA**

Were you aware of ABTA prior to going on holiday? Yes / No

Were you aware of the function of ABTA? Yes / No

[Please take a few minutes to evaluate the service offered by the ABTA representative]:

The representative handled my call quickly.

Strongly disagree , Somewhat disagree , Neutral , Somewhat agree , Strongly agree ,

The representative was very knowledgeable.

Strongly disagree , Somewhat disagree , Neutral , Somewhat agree , Strongly agree ,

The written response from ABTA was satisfactory.

Strongly disagree , Somewhat disagree , Neutral , Somewhat agree , Strongly agree ,

**Thank you taking the time to complete this survey
We would be interested to receive any additional comments on a separate sheet if necessary**