



SHOPMOBILITY EALING

Registration form

Registration no.(office use) _____

Date _____

Personal Details

Title Miss Mrs Ms Mr Other

First Name _____

Surname _____

Date of birth _____

Address _____

Postcode _____

Home Tel. no. _____ Mobile no. _____

E-mail _____

Car Registration _____

Details of Carer/ Next of Kin (as applicable)

Title Miss Mrs Ms Mr Other

First Name _____

Surname _____

Address _____

Postcode _____

Contact Tel. no. _____

Additional details

How will you travel to ShopMobility Ealing?

Car Bus Dial-a-Ride Taxicard
Walk Train Community transport Minicab

Right or left handed?

Right Left

How good is your eyesight?

Good OK (DVLA standard) Visually impaired

Are you able to walk unaided?

Yes No

Can you transfer to our equipment unaided?

Yes No

Do you have a Blue Badge?

Yes No

Do you have your own scooter / powerchair / wheelchair?

Yes No

In case of Emergency

GP Name _____

Tel. no. _____

We need to ask about your impairment

Have you experienced any of the following, in the last 12 mths?

Epilepsy/Seizures _____

Diabetes _____

Heart Condition _____

Do you use other ShopMobilities? If so, which?

How did you hear about us or who referred you to us?

NB - You do not need to be permanently disabled to use our services

Please tell us anything you think we may need to know about your mobility or other impairment.

Do you have any special requirements and is there any additional information you would like to give us _____

Data Protection: Information I provide on this form will be used to register my membership with Ealing ShopMobility. My contact details and sensitive data (information pertaining to my health or disability) will be processed in accordance with the Data Protection Act 1998. It will *not* be passed on to any other parties without my permission. ***Please turn over, read the conditions and sign overleaf***

Staff Use Only

ID.....	User equipment trained
Form signed?.....	Vol/staff initials.....

Declaration

I, the undersigned, take FULL RESPONSIBILITY for any wheelchair / scooter / powerchair which is in my care on any occasion that I use the services of Ealing ShopMobility. In particular, I agree that:

1. The wheelchair / scooter / powerchair (vehicle) will not be left unsecured or be taken away from Ealing.
2. The vehicle will be used with due care and attention and returned in the same condition that it was taken out. I will report any damage incurred to the vehicle while in my care.
3. The equipment borrowed will be returned to Ealing ShopMobility at or before the time agreed.
4. I use the vehicle at my own risk and all accidents / incidents will be reported to Ealing ShopMobility.
5. I will be encouraged to demonstrate my ability to operate the vehicle before Ealing ShopMobility will loan it to me and that Ealing ShopMobility reserves the right to refuse the loan of a vehicle.
6. I am aware that the vehicles have a recommended weight limit and that I may be asked to confirm that I am within the recommended maximum limit for the vehicle proposed each time I visit.
7. I confirm that as far as I am aware, I do not have any physical, mental or sensory condition which would impair my ability to operate the equipment which is to be lent to me by Ealing ShopMobility and that I have not been advised by my General Practitioner (GP), optician or other qualified assessor of any physical or medical condition which could affect my ability to operate the said equipment.
8. I understand that failure to abide by the above conditions might invalidate ShopMobility Ealing's insurance cover.

I have read and understand the conditions set out above and will abide by them.

User's Signature	Date	Carer's Signature	Date

NOTE:

1. We need a Parent or Guardian's Signature if the User is under 16 years of age and using a scooter or powerchair.
2. If a satisfactory declaration cannot be made, then, prior to insurance cover being provided, it will be necessary for us to have a note from your GP, optician or qualified assessor, confirming that in his/her opinion you are fit to operate the equipment. If you have been advised by your GP, optician or qualified assessor of a physical or medical condition which would render you unfit to operate the equipment, then we regret insurance cover cannot be provided and you will not be able to hire equipment.

Monitoring

Please complete as much as you feel able to, to assist us in providing statistical information to Ealing Council, our Grant Provider. This information will be used for monitoring purposes only, and is confidential. Thank you.

1. Age

Under 20

21-30

31-40

41-50

51-60

61-70

71-80

81+

2. Disability

Do you consider yourself to be a disabled person?

Yes

No

3. Gender

Male

Female

4. Sexuality

Lesbian

Gay

Bisexual

Heterosexual

Transgender

5. Ethnicity

Black African	
Black Caribbean	
Black Somalian	
Other Black	
Asian Indian	
Asian Pakistani	
Asian Bangladeshi	
Asian Sri Lankan	
Other Asian	
White & Black African	

White & Asian	
White & Black Caribbean	
Other Mixed Background	
White British	
White Irish	
White Polish	
Other White	
Iranian	
Iraqi	
Kurdish	
Other Middle Eastern	
Chinese	
Any other ethnic group (please specify)	