# The ICE Centre Disability Service

# Shopmobility application form

## Personal Information

| **Details** | **Please complete in capital letters** |
| --- | --- |
| Name |  |
| Address and postcode |  |
| Home telephone number:Mobile number: |  |
| Email address: |  |
| Date of birth: |  |
| Identification Details:(such as your driving licence or blue badge) |  |
| Name of emergency contact: |  |
| Emergency telephone no: |  |

## Hearing and sight

|  |  |
| --- | --- |
| Are you profoundly deaf?(Hearing loss of at least 70ddhl) |  |
| Are you registered blind or partially sighted? |  |

## Mobility information

**To enable us to ensure we match the correct vehicle to your individual needs, please answer the following:**

|  |  |
| --- | --- |
| Do you take any medication that may make you drowsy or cause you to respond slower than usual? |  |
| Can you transfer onto the following vehicle types on your own? | Scooters: Yes No Unsure Power Chairs: Yes No Unsure |
| Have you ever used a Scooter or Power Chair before? | Scooters: Yes No Unsure Power Chairs: Yes No Unsure |
| Have you ever received training in the safe use of a Scooter or Power Chair? | Scooters: Yes No  Power Chairs: Yes No If yes, approximately how long ago?  |
| Have you ever been advised NOT to use a Scooter or Power Chair? | Scooters: Yes No  Power Chairs: Yes No  |
| For your own safety and insurance purposes we require an indication of your weight to assess the suitability of the equipment allocated. Please tick the appropriate category: | 🞏 Up to 12st🞏 12 – 18st🞏 18 – 20st🞏 20 – 25st🞏 25st + |

|  |
| --- |
| Health and safety disclaimer and declaration |
| Please read the following carefully before signing:* I confirm that the information given above is a true and accurate to the best of my knowledge.
* I certify that if I am advised at any stage that I should not use a Scooter or Power Chair, I will inform shopmobility immediately.
* I can confirm that the scooter or chair is for the use of one person.
* No children or pets are permitted to ride the scooter.
* I can confirm that the shopmobility staff have also given me driver training if required.
* I can confirm that I have read & understand the safety operating instructions.
* Any information given on this sheet will not be passed to any third party and will only be used for the purpose of Shopmobility.
* The person to whom the equipment is loaned must take full responsibility for its safety & condition.
* The ICE Disability Service staff retain the right to refuse the loan of any equipment

**Signed: Date:** **Staff Signature: Date:**  |