

WC No: WC__

Shopmobility Belfast
Long Term Wheelchair Hire

MEMBERSHIP No.

PLEASE PRINT CLEARLY

Booking No: _____

DATE: _____

HIRE DETAILS:

| | |
|--|--|
| Hirer's (Member's) Name: | |
| Complete Medical Form, sign and date it. | |

LENGTH OF LOAN:

| | | | |
|--------------------|----|-----------------|--|
| Wheelchair Number: | WC | Length of Loan: | |
| From: | | To: | |

EQUIPMENT ON LOAN:

| ITEM | Wheelchair Number: | Footplate Right: | Footplate Left: | Seat Belt: | Leg Ext Right: | Leg Ext Left: |
|----------------------|--------------------|------------------|-----------------|------------|----------------|---------------|
| TICK BOX | WC | | | | | |
| Initial Payment Due: | | £ | | | | |

Wheelchair Check:

| Hirer's Name | | | | Signature | | | Date Out | | Date In |
|--------------|-------|--------|------|-----------|-----------|-----------|----------|---------|------------|
| | Tyres | Brakes | Seat | Armrests | Footplate | Seat belt | Leg ext. | Overall | Checked by |
| Out | | | | | | | | | |
| In | | | | | | | | | |

PAYMENT SECTION:

| DATE | DURATION OF HIRE | AMOUNT PAID | CASH OR CHEQUE | EMPLOYEE'S SIGNATURE | COMMENTS |
|------------------|------------------|-------------|---------------------------------------|----------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Amount Refunded: | | £ | Person of Responsibility's Signature: | | |
| Date Refunded: | | | Staff Signature: | | |

Medical Form/Eligibility Form for Manual Wheelchairs:

Do you have any of the following conditions?

Please / appropriate boxes.

| Epilepsy? | | Diabetes that requires Insulin? | | Blackouts? | |
|-----------------------------|--------------------------|--|-----|------------------------------|------------------------|
| Yes | <input type="checkbox"/> | *G.P. Letter required. | Yes | <input type="checkbox"/> | *G.P. Letter required. |
| When was your last episode? | | When was your last hypo(glycaemic) attack? | | When was your last incident? | |
| | | | | | |
| No | <input type="checkbox"/> | | No | <input type="checkbox"/> | |

*G.P. Template Letter available.

| | |
|---|------------|
| Memory Loss/Dementia? | |
| <input type="checkbox"/> | Yes |
| An adult assessed as eligible to use our Equipment must assist and accompany You through your use of equipment. | |
| Name of Person of Responsibility: | |
| | |
| <input type="checkbox"/> | No |

| |
|--|
| What is your approximate weight in stones? |
| <input type="text"/> |

| |
|--|
| What, if any, is your medical condition? |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Please note that failure to give full, frank and accurate disclosure of any information relevant to the assessment of risk will invalidate your insurance with Shopmobility Belfast.

Signature of User/Person of Responsibility (delete as appropriate: _____)

Print Name: _____

Dated: _____

Witnessed by the Assessor: _____

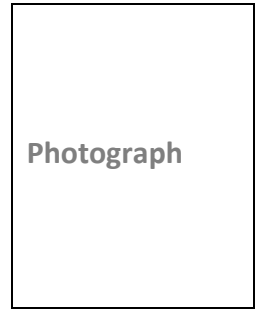
Print Name: _____

Dated: _____

Registration Form

Personal Details:

Name: _____
Address: _____
_____ Postcode: _____
Tel (home): _____ Mobile: _____
Email: _____



Details of Person of Responsibility:

Name: _____
Address: _____
_____ Postcode: _____
Relationship to you: _____
Tel (home): _____ Mobile: _____
Email: _____

Photographic Identification & Proof of Address (within the last 3 months):

Type of ID: _____ Ref: _____
Type of ID: _____ Ref: _____

Equipment Requirement:

Manual Wheelchair

TRAINING ASSESSMENT MANUAL WHEELCHAIRS:

To be completed by the trained Assessor (Shopmobility Belfast staff/volunteer):

| TASKS | EXPLAINED <input type="checkbox"/> | COMMENTS |
|---|------------------------------------|--------------------------|
| Use of footplates. | | |
| Brakes/Tipping Bar. | | |
| Negotiating kerbs. | | |
| Manual forward/reverse/turning. | | |
| Storage of wheelchair. | | |
| What to do in an emergency. | | |
| Crossing the road. | | |
| Ability to manoeuvre in bad weather/difficult street surfaces | | |
| POINTS FOR DISCUSSION: | | |
| SUBJECT | COMMENTS | <input type="checkbox"/> |
| -Awareness of pedestrians/footpaths etc. | | |
| -Hills and slopes: use lifts where possible. | | |
| -Emergency contact numbers. | | |
| -Role of customer services/security. | | |
| -Lifts- Entering and Exiting. | | |
| -The importance of wearing a seat-belt. | | |
| -Confirmation of above matters discussed and understood. | | |

Person Assessed:

I confirm that I am satisfied with the training that has been provided by Shopmobility Belfast and that the above Assessment has been completed and understood.

Signature of User/Person of Responsibility: _____

Print Name: _____

Dated: _____

Witnessed by the Assessor: _____

Print Name: _____

Dated: _____

Conditions of Use

- I agree to abide by the requirements of Shopmobility Belfast's Health and Safety Policy Statement. A copy of this document is available on request.
- I confirm that there is no circumstance or condition of mine that might impair my ability to safely operate any equipment owned by Shopmobility Belfast and I agree to inform Shopmobility Belfast of any change in my circumstances or condition that might affect my ability to safely operate the equipment.
- I agree to demonstrate my ability to use the various controls and methods of operation of the equipment that I intend to borrow from Shopmobility Belfast. I understand that I will not be able to borrow any equipment from Shopmobility Belfast until I have performed this demonstration to the satisfaction of the Training Assessor carrying out the Training Assessment.
- I understand and I agree to report any incident or accident involving any injury to me or any other person or the loss of, damage to, any equipment belonging to Shopmobility Belfast or to any other person.
- I understand that I may be asked to indemnify Shopmobility Belfast against any costs and fees incurred for any repairs/damages caused by me or at any time while the equipment is my custody. I also understand that I may be asked to indemnify Shopmobility Belfast against any liability for personal injury, loss or damage caused to Shopmobility Belfast or any third party.
- I will inform Shopmobility Belfast of any operating faults or other problems encountered during the operation of the equipment and allow remedial action to be taken prior to further use.
- I will not carry passengers or let anyone else use the equipment on hire to me from Shopmobility Belfast.
- I will not use a mobile phone whilst driving any of Shopmobility Belfast's equipment at any time.
- I will not take alcohol or drugs (prescribed or other) that may impair my ability to safely operate equipment
- I will not overload my equipment with shopping or any other item(s) that may affect the steering and safety of the equipment and to me and/or any third party.
- In accordance with the advice that I have received I will ensure that I turn the powered equipment off when I am stationary or getting in or out of the equipment as this may cause accidents.
- I will not travel at excessive and dangerous speeds: I will travel at walking pace only.
- When using the hired equipment within a shopping store I will not travel at excessive and dangerous speeds; I will only enter shopping stores that have been modified to facilitate scooters and wheelchairs.
- I will only use lifts to access upper floors and will never bring equipment on an escalator or traveller.
- I will only use equipment on the footpath unless where it is necessary to cross a road. When crossing the road I will only do so at a recognised crossing place where the kerb is level with the crossing point.
- I will return the equipment in good condition to Shopmobility Belfast at or before the end of the agreed period of loan.

- I am aged 18 years plus and I do not exceed the maximum weight for Shopmobility Belfast’s equipment i.e.,
- - I do not exceed between 17 and 35 stone (depending on chair).
- - I confirm that as far as I am aware I do not have any physical or mental conditions that would impair my ability to operate the equipment on loan to me by Shopmobility Belfast.

Important Note: If I cannot confirm the above by Declaration I must provide Shopmobility Belfast with written confirmation from my Doctor or qualified assessor as to whether he/she assesses me as fit to operate Shopmobility Belfast’s equipment **PRIOR** to insurance cover being agreed and provided by Shopmobility Belfast.

- I understand that Shopmobility Belfast and its staff including volunteers reserve the right to refuse any booking if any of the above Conditions of Use cannot be met satisfactorily and may ask for any individual to be reassessed before permitting any use of Shopmobility Belfast’s equipment.
- For the avoidance of doubt, nothing in these Conditions of Use is intended to exclude the liability of Shopmobility Belfast for any death or personal injury caused as a result of its own negligence.

I declare that the information I have given is true to the best of my knowledge. I understand that failure to give full, frank and accurate disclosure of any information relevant to the assessment of risk will invalidate my insurance with Shopmobility Belfast. I also declare that I understand that I will only be covered by Insurance by Shopmobility Belfast if I have Shopmobility Belfast’s permission and by signing and abiding by Shopmobility Belfast’s Conditions of Use.

Signature of User/Appropriate Adult (delete as appropriate): _____

Print Name: _____

Dated: _____

Witnessed by the Assessor: _____

Print Name: _____

Dated: _____

Under the Data Protection Act 1998, Shopmobility Belfast will not disclose any information about you to a third party.

Conditions of Use

- I agree to abide by the requirements of Shopmobility Belfast's Health and Safety Policy Statement. A copy of this document is available on request.
- I confirm that there is no circumstance or condition of mine that might impair my ability to safely operate any equipment owned by Shopmobility Belfast and I agree to inform Shopmobility Belfast of any change in my circumstances or condition that might affect my ability to safely operate the equipment.
- I agree to demonstrate my ability to use the various controls and methods of operation of the equipment that I intend to borrow from Shopmobility Belfast. I understand that I will not be able to borrow any equipment from Shopmobility Belfast until I have performed this demonstration to the satisfaction of the Training Assessor carrying out the Training Assessment.
- I understand and I agree to report any incident or accident involving any injury to me or any other person or the loss of, damage to, any equipment belonging to Shopmobility Belfast or to any other person.
- I understand that I may be asked to indemnify Shopmobility Belfast against any costs and fees incurred for any repairs/damages caused by me or at any time while the equipment is my custody. I also understand that I may be asked to indemnify Shopmobility Belfast against any liability for personal injury, loss or damage caused to Shopmobility Belfast or any third party.
- I will inform Shopmobility Belfast of any operating faults or other problems encountered during the operation of the equipment and allow remedial action to be taken prior to further use.
- I will not carry passengers or let anyone else use the equipment on hire to me from Shopmobility Belfast.
- I will not use a mobile phone whilst driving any of Shopmobility Belfast's equipment at any time.
- I will not take alcohol or drugs (prescribed or other) that may impair my ability to safely operate equipment
- I will not overload my equipment with shopping or any other item(s) that may affect the steering and safety of the equipment and to me and/or any third party.
- In accordance with the advice that I have received I will ensure that I turn the powered equipment off when I am stationary or getting in or out of the equipment as this may cause accidents.
- I will not travel at excessive and dangerous speeds: I will travel at walking pace only.
- When using the hired equipment within a shopping store I will not travel at excessive and dangerous speeds; I will only enter shopping stores that have been modified to facilitate scooters and wheelchairs.
- I will only use lifts to access upper floors and will never bring equipment on an escalator or traveller.
- I will only use equipment on the footpath unless where it is necessary to cross a road. When crossing the road, I will only do so at a recognised crossing place where the kerb is level with the crossing point.
- I will return the equipment in good condition to Shopmobility Belfast at or before the end of the agreed period of loan.

- I am aged 18 years plus and I do not exceed the maximum weight for Shopmobility Belfast’s equipment i.e.,
- - I do not exceed between 17 and 35 stone (depending on chair).
- - I confirm that as far as I am aware I do not have any physical or mental conditions that would impair my ability to operate the equipment on loan to me by Shopmobility Belfast.

Important Note: If I cannot confirm the above by Declaration, I must provide Shopmobility Belfast with written confirmation from my doctor or qualified assessor as to whether he/she assesses me as fit to operate Shopmobility Belfast’s equipment **PRIOR** to insurance cover being agreed and provided by Shopmobility Belfast.

- I understand that Shopmobility Belfast and its staff including volunteers reserve the right to refuse any booking if any of the above Conditions of Use cannot be met satisfactorily and may ask for any individual to be reassessed before permitting any use of Shopmobility Belfast’s equipment.
- For the avoidance of doubt, nothing in these Conditions of Use is intended to exclude the liability of Shopmobility Belfast for any death or personal injury caused as a result of its own negligence.

I declare that the information I have given is true to the best of my knowledge. I understand that failure to give full, frank and accurate disclosure of any information relevant to the assessment of risk will invalidate my insurance with Shopmobility Belfast. I also declare that I understand that I will only be covered by Insurance by Shopmobility Belfast if I have Shopmobility Belfast’s permission and by signing and abiding by Shopmobility Belfast’s Conditions of Use.

Signature of User/Appropriate Adult (delete as appropriate): _____

Print Name: _____

Dated: _____

Under the Data Protection Act 1998, Shopmobility Belfast will not disclose any information about you to a third party.

Witnessed by the Assessor: _____

Print Name: _____

Dated: _____