

Sent from:

On:

Region:

Whizz-Kidz ID:

Application for mobility equipment

Whizz-kidz

move a life forward

Who can apply for mobility equipment from us?

If your child is under eighteen and has limited mobility or no mobility at all, you can make an application for equipment.

What type of equipment do we provide?

We provide customized mobility equipment that cannot be provided by the NHS. We can supply manual, powered and sports wheelchairs, trikes, tandems, buggies and scooters. If you are not sure about the equipment you need, we can help, please contact us.

If you need any help with filling in your form or would like more information, please do not hesitate to contact Children's Services on **0845 052 1231 (Local Rate Call)** or email at

kidzservices@whizz-kidz.org.uk

How do I complete my application?

Please read this information carefully before completing your form.

PART 1:

If you are a parent/guardian please try to complete this application form together with the child or young person who will be using the mobility equipment, particularly when answering questions about their life experiences and interests (Section I). If you are a young person and you are completing the application yourself, you will also need your parent or guardian to sign the form.

Please complete **all** sections of the application form so we can get a clear picture of your situation and needs. If you need more space, please use a separate A4 sheet and write your name and the section of the form you are writing about on each extra sheet.

This application form is an agreement between the 'recipient' family and Whizz-Kidz and by signing it you are agreeing to abide by our Terms and Conditions - it is important that you read them carefully before signing and returning your application. We strongly recommend that you make a photocopy of your application for your records.

Please ensure that you keep the Terms & Conditions on pages 19-20 as this is important.

Photographs

If possible please enclose a good quality photograph/s of your child/young person using their current mobility equipment (if applicable). If you can email your picture/s, please do so giving the child/young person's full name, date of birth and type 'Application in the post' in the subject field and send it to: kidzservices@whizz-kidz.org.uk

PART 2:

This section of the form must be completed by your child/young person's local therapist and sent to us together with PART 1.

Please do not use sticky tape to attach anything to your application, staples or paper clips are fine.

Please post your completed form to:

Children's Services,
Whizz-Kidz,
Elliot House
10-12 Allington Street,
London
SW1E 5EH

For more information about Whizz-Kidz and how to apply, please visit:

www.whizz-kidz.org.uk

PART 1: For completion by child and parent/guardianPlease write clearly and in **BLACK** pen throughout.**A: Contact details****A1: Child/young person** (i.e. the person who will be using the mobility equipment)

First name/s:

Last name/s:

Date of birth:

Age:

Sex: Male/Female

Address:

County:

Postcode:

Daytime telephone:

Mobile:

Email Home:

A2: Parent or guardian (i.e. primary carer)

Relationship to child/young person:

Title:

First Name:

Last Name:

Address:

County:

Postcode:

Daytime telephone:

Mobile:

Work No:

Home Email:

Work Email:

A3: Correspondence

Who should we address all future correspondence to? (please tick):

 Child/young person Parent or guardian (i.e. primary carer)Preferred method of contact (please tick): Telephone Email Post

Main language used at home (please specify):

A4: Other contacts

We may need to contact your local therapist/s, wheelchair service, doctor, hospital specialist/s, school staff or other professionals to ensure we have all the information we need to proceed with your application.

I, the parent/guardian of this child (details above) consent to Whizz-Kidz contacting other contacts listed in this application

Signature:

Date:

B: Child/young person's mobility

B1: Current condition

Please give details of the main diagnosis:

Please give details of any associated medical conditions or changes expected in their condition (if applicable):

B2: Current mobility -Please tick ONE statement in each of the following categories:

Legs:

- Unable to stand
- Unable to walk
- Walks with use of frame, crutches
- Walks without assistance

Posture:

- Sits unsupported
- Sits with support
- Unable to sit

Arms:

- Full use of arms
- Some use of arms
- Unable to use arms

Hands:

- Full use of hands
- Some use of hands
- Unable to use hands

B3: Other considerations -Please tick ONE statement in each of the following categories:

Communication:

- Body language
- Communication aid
- Impaired speech
- No communication
- Ordinary speech
- Sign language (which type?):

Fits/Epilepsy:

- No
- Yes

If yes are they controlled?

- No
- Yes

Vision:

- Ordinary sight with/without lens/glasses
- Partial sight
- Visual impairment

Hearing:

- Hearing impairment
- Ordinary hearing
- Partial hearing

Other:

- Gastrostomy
- Suction
- Oxygen/ventilation user
- Pressure sores
- Behavioural impairment

Learning impairment:

- Mild
- Moderate
- None
- Profound

Has the child/young person been admitted to hospital within the last year?

- Yes
- No

If yes, please give details:

Does the primary 'carer' have any medical condition/s which we should take into consideration?

Yes No

If yes, please specify:

Additional Information

If there is any additional information you think we should know in relation to the child/young person's condition or mobility or in relation to the primary 'carer' or family circumstances, please give us the details here:

C: Equipment

C1: Required equipment

Please tick ONE of the following and if known, give the equipment model:

- | | |
|---|---|
| <input type="checkbox"/> Indoor/outdoor powered wheelchair | <input type="checkbox"/> Buggy |
| <input type="checkbox"/> Tricycle, solo or tandem (please circle) | <input type="checkbox"/> Light weight manual wheelchair |
| <input type="checkbox"/> Sports wheelchair | <input type="checkbox"/> Other (please specify): |

Model name (if known):

C2: Need for requested equipment

Please tick ONE of the following:

- | | |
|---|--|
| <input type="checkbox"/> First request for this type of equipment | <input type="checkbox"/> Need to upgrade current equipment |
| <input type="checkbox"/> Outgrown current equipment | |

Please tick ONE of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole piece of equipment for everyday mobility | <input type="checkbox"/> Increased level of independence | |
| <input type="checkbox"/> Participate in sport | <input type="checkbox"/> Sports training and competition | <input type="checkbox"/> Recreational use |
| <input type="checkbox"/> Therapeutic use | | |
| <input type="checkbox"/> Other (please specify): | | |

C3: Expected use of requested equipment

Please tick ONE of the following.

- | | |
|--|--|
| <input type="checkbox"/> All day, everyday | <input type="checkbox"/> Part of the day, some days |
| <input type="checkbox"/> Part of the day, everyday | <input type="checkbox"/> Sports training and competition |
| <input type="checkbox"/> All day, some days | <input type="checkbox"/> Therapeutic use |

C4: Current mobility equipment your child uses at present	
Does your child currently use equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of equipment do they use? Please tick:	
<input type="checkbox"/> Self propel manual wheelchair	<input type="checkbox"/> Push manual wheelchair
<input type="checkbox"/> Indoor powered wheelchair	<input type="checkbox"/> Outdoor powered wheelchair
<input type="checkbox"/> Indoor/outdoor powered wheelchair	<input type="checkbox"/> Tricycle – solo or tandem (please circle)
<input type="checkbox"/> Scooter	<input type="checkbox"/> Buggy
<input type="checkbox"/> Other (please specify):	
Please give the model of the current equipment:	

C5: Have you had equipment from Whizz-Kidz in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , please specify the model:	Year received:
If no, please tell us who funded your current piece of mobility equipment:	

D: Home details

D1: Home and access

What are your housing circumstances? (please tick):

- Local Authority Housing Home owner Housing Association Privately rented
 Other (please give details):

What type of home do you live in?

- House Bungalow Maisonette Ground floor flat
 Flat above ground level Other (please give details):

If you live in a flat above ground level do you have a lift? Yes No

Does your home have wheelchair access or ramps? Yes No

Has your home been adapted internally for wheelchair access? Yes No

Do you have steps/stairs leading into or inside your home? Yes No

If yes,

How many steps are there leading into your home?

How many steps are there inside your home?

D2: Storage of the equipment

Do you have safe storage space for the equipment indoors? Yes No

If no, where do you intend to store the equipment (please specify):

Do you have a safe indoor electrical point to recharge a battery (if applicable)?

- Yes No

If yes, who would be responsible for charging the battery? (please specify):

D3: Transporting the Equipment

Will you need the equipment to be transported in a vehicle? Yes No

If yes, please tick those which will apply:

- Family car
 Local Authority transport Accessible train
 Other (please give details) :

Please specify model of car (if applicable):

E: Family circumstances

It is useful for us to have some detail on your family and financial circumstances to determine how we might help you in the future and to ensure we are serving the children and young people most in need of our support.

The information given in this section is primarily for monitoring and research purposes, and we use the results to help us raise the profile of Whizz-Kidz with families and professionals and to help us to raise funds. It is not used to prioritise your mobility equipment application.

E1. Family household

Please describe the people who live with you at home:

Relationship to child/young person	First name/s	Last name/s	Age if under 18	Registered disabled? Y/N

E2: Financial circumstances

Please tick the box that corresponds with your annual gross family income:

- Less than £16,000
 £30,001 - £40,000
 £16,001 - £23,000
 £40,001 and above
 £23,001 - £30,000

E3: Benefits

Are you on Income Support? Yes No

E4: Occupation of Parents

1. Parent Occupation N/A
 2. Parent Occupation N/A

Has either parent ever been in the armed forces?

Yes No

E5: Parental Contribution

Will you be able to make a contribution to Whizz-Kidz' UK Mobility Equipment Fund?

Yes No

If yes, how much will you be able to contribute

£ _____

A contribution, however small, will be enormously helpful and appreciated.

E6: Other sources of funding

Do you know of any local organisations e.g. your Local Education Authority, a support group or other charity that may be able to assist in purchasing the new equipment?

Yes No

If yes, please list them here:

Name of contact (if known):

Name of organisation:

Telephone:

Email:

Name of contact (if known):

Name of organisation:

Telephone:

Email:

E7: Family doctor

Name of GP:

Address:

Telephone:

Postcode:

Mobile:

Email:

E8: Social Services

Name of main Social Services contact:

Address:

Telephone:

Postcode:

Mobile:

Email:

E9: School or College

Name of main school / college contact:

Address:

Telephone:

Postcode:

Mobile:

Email:

What type of school or college do you attend? (Please tick)

 Mainstream school/college Mainstream school/college with special needs unit Special needs schools/college Other (please give details):

If you are likely to change school/ college within the next year, please give details below:

Name of main school/college contact:

Name of school/college:

Address:

Telephone:

Postcode:

Mobile:

Email:

What type of school or college will the new one be? (Please tick)

 Mainstream school/college Mainstream school/college with special needs unit Special needs schools/college Other (please give details):

F: Consent for publicity

One of the easiest and most effective ways to help Whizz-Kidz is to give consent for us to use information about your child and family in various awareness raising and fundraising activities. If we are to continue our work and help many more children we need to be able to demonstrate the impact of our work through case studies of young people.

By giving us consent you will be allowing Whizz-Kidz to use the information you have provided in this application in our publicity and campaigning work, including printed materials, on our website, in the media, as well as to provide information for current or potential fundraisers/donors that support our work – both individuals and organisations.

Whizz-Kidz is committed to using the information appropriately and sensitively however, once it has been distributed to a wider media, Whizz-Kidz may be unable to control its subsequent use. Whizz-Kidz accepts that consent can be changed at any time by the child/young person and/or their parent/guardian. Withholding consent will in no way affect your application.

F:1 Consent

I consent to Whizz-Kidz using the information in this application for their awareness raising and fundraising activities (please specify below): Yes No

I am happy for Whizz-Kidz to (please tick all that apply):

- Use personal information in this form about my child and the family (this will be written into a case study)
- Use the photograph/s of my child in their mobility equipment with/without members of the family (photos may be used in conjunction with the case study)
- Use the information for research undertaken by Whizz-Kidz
- Use my case study to lead a fundraising or marketing campaign (the campaign will be shown to you for input before it is released to the public)
- I do not wish to give consent

G: Keep in touch and get involved

G1: Keeping in touch with Whizz-Kidz

Whizz-Kidz would like to keep you up to date about its work and activities.

If you would prefer **not** to receive this information, please tick here .

If you'd like to receive information from us via email, please tick here .

Give details of your email address:

G2: Ways you can help Whizz-Kidz

There are a number of ways you and your family can support Whizz-Kidz or get actively involved in our work. Please read this section and tick the areas which you feel you are interested in.

If both you and your parent or guardian would like to get involved please tick both boxes:

I would like to participate in research by responding to questionnaires and polls

I am a young person I am a parent/guardian

I would like to help by getting involved in Whizz-Kidz campaigns this could include writing a letter to my local MP to help improve services for children:

I am a young person I am a parent/guardian

I would like to volunteer and represent Whizz-Kidz in my/our local area

I am a young person I am a parent/guardian

I would like to provide diary updates on my life to Whizz-Kidz to be used for fundraising

I am a young person I am a parent/guardian

We would like to know more about how else we can support Whizz-Kidz. Please send us information on (tick as many boxes as you like):

Fundraising locally

Running a marathon

How my school/college can fundraise

Making a donation

How my company can support

Making a Direct Debit donation

Becoming a campaigner

Make a donation in my Will

Other (please give details):

Payroll giving

H: Wheelchair skills training and Ambassador Network

H1: Wheelchair skills training

Our Wheelchair Skills Training programme is one of the ways Whizz-Kidz offers support to young people under the age of 18 on their Life Journey. Training runs across the UK, so if you are applying for a wheelchair, your child will be automatically invited to training if it is running in your area.

Wheelchair Skills Training at Whizz-Kidz is delivered by skilled and experienced adult wheelchair users, recruited to provide great role models for young people learning to use their wheelchairs. Training helps develop young peoples' independence by teaching them how to get the most from their wheelchair, how to be safe when out and about and in turn to have more fun!

Have you had wheelchair skills training before? Yes No

If Yes who provided the training? (please give details):

H2: Be a young Ambassador

We are looking for dynamic young people like YOU who can represent Whizz-Kidz and be the 'voice' of young disabled people in the UK. There are loads of fun, exciting and challenging opportunities you can get involved in; we look carefully to match opportunities and experiences depending on your individual needs and abilities. Remember, you choose exactly what you do and don't want to take part in.

Some of the things you could take part in as an Ambassador include:

- Taking part in bi-monthly Ambassador Club with other young people in your area.
- Attend life skills training modules
- Joining the 'Kidz Zone' online which is only available to Whizz-Kidz Ambassadors; when you're logged in you can manage and update your profile, write blogs, read the latest Ambassador news and catch up with what's going on in your area.
- Taking part in a Whizz-Kidz work placement
- Undertaking regular interviews with your local paper or radio station and have your picture taken too
- Giving a speech at a local fundraising event or do a presentation at your school assembly or college union
- Attending events and representing Whizz-Kidz by meeting our supporters and telling them about your experiences.

In return you get the chance to:

- Meet like-minded young people and make new friends
- Increase your independence!
- Enjoy training sessions to learn new skills!

Would you like to join/find out more about the Ambassador Network.

Please tick. Yes No

WEBSITE FOR YOUNG PEOPLE:

For more information about Whizz-Kidz' Ambassador Network and how you can get involved and meet new friends, please visit the **Kidz Zone** at www.whizz-kidz.org.uk

I: More about you

I 1: More about the child/young person's life (to be completed by child/young person)

In your own words, please provide as much information in this section as possible. If you need more space, please write on a separate A4 sheet.

Tell us more about your disability.

What is life like for you getting around without the right equipment? (Think about how you get around at school, at home, when you're playing or going out with your friends).

What difference will the new equipment make to your life and your family's life? (Think about what you would be able to do that you can't do now?)

Tell us about your likes and dislikes, hobbies, interests, things you have done that you are proud of and things you would like to do in the future.

I 2: More about the parent/guardian

Please tell us about your experiences of your local wheelchair service.

Other than getting the right mobility equipment for your child what is the most problematic issue you face/have faced as a parent with a disabled child/children?

My priority issue is (please give details):

Are there any particular frustrations or challenges which you would like to tell us about. (Perhaps about problems using or getting mobility equipment.)

PHOTOGRAPHS:

When you return your application form, please enclose a good quality photograph/s of the child/young person with/without friends and family.

If you can email pictures to us, please include the child/young person's full name, date of birth and write 'Application in the post' in the subject field and send it to: kidzservices@whizz-kidz.org.uk

J: For monitoring

This section will help us to monitor our service and ensure we reach all sections of the community.

J1: Ethnicity

Please state your ethnic origin below (tick one box only)

Asian or Asian British

- Indian (Incl British Indian)
- Pakistani (Incl British Pakistani)
- Bangladeshi (Incl British Bangladeshi)
- Any other Asian background

(please give details):

Black or Black British

- Black Caribbean
- Black African (except Somali)
- Somali
- Black British
- Any other Black background

(please give details):

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background

(please give details):

Chinese

- Chinese
- Any other Chinese background

(please give details):

White

- English
- Scottish
- Welsh
- Irish
- Greek (incl Greek Cypriot)
- Turkish (incl Turkish Cypriot)
- Eastern European
- Other White European
- Orthodox Jew
- Jewish
- Any other White/Mixed White background

(please give details):

Other

- Arab or Middle East
- Kurdish
- Vietnamese
- Traveller
- Any other Ethnic group

(please give details):

- I do not wish my ethnicity to be recorded

H2: How did you hear about Whizz-Kidz?

Please tick any that apply:

- Local therapist
- Local NHS wheelchair service
- Whizz-Kidz' Birmingham mobility centre
- Whizz-Kidz' Newcastle mobility centre
- Whizz-Kidz' service in Tower Hamlets
- Whizz-Kidz' wheelchair training programme
- Whizz-Kidz' website
- Other (please specify):
- Local newspaper article
- Local radio station
- Google search
- Advert
- Received a mailing from Whizz-Kidz
- Through the London Marathon
- Word of mouth
- Previous Whizz-Kidz

K: Data Protection

Whizz-Kidz will use the information you have provided in this application form to process your application for mobility equipment and other aspects of its services as indicated. Personal information in this form will only be held for the purposes of applying for support from Whizz-Kidz.

The only exceptions to this are: if you have given us permission to send you information about other Whizz-Kidz activities in Section H; or if you have given consent for your personal information to be used for publicity purposes in Section F and for Whizz-Kidz to approach other agencies, as stated in Section A.

In signing this form, you agree that Whizz-Kidz may use any personal information relating to you and your family, including medical details and details of gender, ethnicity, and details of your financial circumstances in the manner set out above. You are also agreeing that Whizz-Kidz may store, disclose or transfer all your personal information contained in this application form to the employees of Whizz-Kidz and to any other person and organisation to the extent that it is reasonably necessary to proceed with your application or as otherwise required or permitted by law.

Whizz-Kidz abides by the Data Protection Act 1998. Whizz-Kidz' Data Protection Act registration number is Z5744794

L: Contract agreement

This section confirms that you and your parents have read and agreed with Whizz-Kidz;' Terms and Conditions and Data Protection policy. In signing this agreement you are also agreeing to a clinical assessment that may take place as part of the application process and confirming any other consent you may have given.

The signatures you give below are essential to Whizz-Kidz accepting your application. Whizz-Kidz strongly advises any child/young person over the age of twelve to sign the agreement. The signature of your parent or guardian who is over 18 is compulsory.

I agree to Whizz-Kidz' Terms and Conditions (page 19-20), the Data Protection Policy (above) and confirm the Consent (p.12) I have agreed to in this application:

Your signature (If over 12 years of age): _____

Print name (capitals): _____

Signature of parent/guardian (aged over 18): _____

Print name (capitals): _____

Date: _____

If you have any queries about completing this application form, please contact Children's Services on **0845 052 1231** (Local Rate Call) or email: **kidzservices@whizz-kidz.org.uk**

M: Whizz-Kidz' Terms and Conditions

This section defines Whizz-Kidz' Terms and Conditions which you need to read and agree to when applying for Mobility Equipment.

Whizz-Kidz at this stage retains an absolute discretion whether or not to accept this application for Mobility Equipment. If Whizz-Kidz exercises its discretion in favour of the child/young person then the Mobility Equipment will only be given, provided that the following terms and conditions are accepted:

1. For the purposes of this Agreement, the "Recipient" means the young person who will use the Mobility Equipment or, where the user is a minor or is otherwise incapable of binding himself or herself in law, the parent or guardian who signs this agreement.

"Whizz-Kidz" is a registered charity (registered number 802872) and a company limited by guarantee and registered in England and Wales (registered number 2444520) whose registered office is at Elliot House, 10-12 Allington Street, London SW1E 5EH. The term "Mobility Equipment" means any wheelchair, tricycle, sports wheelchair or other Mobility Equipment whether powered or manual that is provided by Whizz-Kidz to the Recipient under this agreement.

2. Whizz-Kidz retains ownership of the Mobility Equipment at all times and the absolute and unfettered right to request the immediate return of the Mobility Equipment and if deemed necessary to terminate this agreement taking into consideration the Recipient's obligations to Whizz-Kidz and the conditions under this agreement. The Recipient shall immediately return the Mobility Equipment to Whizz-Kidz upon written request. The Recipient shall not sell, lease, lend, charge or otherwise deal in any manner whatsoever with the property of the Mobility Equipment. If the Recipient is notified that the manufacturer has recalled the Mobility Equipment, the Recipient shall return the Mobility Equipment to Whizz-Kidz or the appropriate equipment dealer within 14 days at no cost to the Recipient.

3. The Recipient shall:

(i) Only use the Mobility Equipment (and ensure that it is only used) for the purpose for which it was designed and in the manner as instructed by Whizz-Kidz and the manufacturer and shall ensure that it is stored in a safe place at all times. All terms and conditions or recommendations regarding use and maintenance of the Mobility Equipment as set out by the manufacturer and Whizz-Kidz must be obeyed. The Recipient must not alter or tamper with the Mobility Equipment in any way without the prior written approval of Whizz-Kidz or the manufacturer, nor shall the Recipient remove any markings, serial numbers, codes or stickers put on the Mobility Equipment by Whizz-Kidz or the manufacturer. Any alteration(s) to the Mobility Equipment must be previously approved by Whizz-Kidz or the manufacturer in writing and be conducted by a qualified engineer.

(ii) Ensure the Mobility Equipment is used within the 'Recommendations for safe use of the wheelchair' which shall be agreed by Whizz-Kidz with the Recipient at the handover of the Mobility Equipment.

4. The Recipient shall at his or her own cost:

(i) Maintain the Mobility Equipment in good working order at all times

(ii) Arrange for the Mobility Equipment to be serviced annually by a qualified service engineer agreed with Whizz-Kidz in advance (and, in respect of certain items of complex powered equipment identified by Whizz-Kidz or the manufacturer, bi-annually)

- (iii) Retain the appropriate annual service records and update Whizz-Kidz on the use of the Mobility Equipment when requested
- (iv) Take out insurance in respect of damage or loss to any third party caused by the Recipient's or the child/young person's use of the Mobility Equipment with an insurance company of good repute under a recognised specialist policy at all times
- (v) Provide and ensure the appropriate use of safety equipment as recommended by Whizz-Kidz or the manufacturer (for example, the use of a harness)
- (vi) Replace broken lights on the Mobility Equipment if they break during the terms of this Agreement.
- (vii) Report any claims made under the insurance policy to Whizz-Kidz within 14 days of submitting the claim to the insurance company.

If the Recipient requires any additional parts or maintenance that are not covered by the annual service referred to in 4 (ii), the Recipient must obtain the approval of Whizz-Kidz before obtaining these parts or maintenance.

5. Failure to comply with the requirements of this Agreement and in particular clause 4 above may result in Whizz-Kidz withdrawing the Mobility Equipment. Whizz-Kidz retains the right to inspect the Mobility Equipment at any time upon 14 days written notice to the Recipient. If circumstances, financial or otherwise, make compliance with any aspect of clause 4 difficult, the Recipient can contact Whizz-Kidz for further advice and guidance.

6. The Recipient shall promptly notify Whizz-Kidz of any changes of his or her address and telephone number. The Recipient shall also promptly inform Whizz-Kidz of any change of their GP and any changes of address or telephone number of the GP. The Recipient shall also keep Whizz-Kidz informed of any change in their medical condition.

7. The Mobility Equipment is supplied without any representation warranty or guarantee from Whizz-Kidz regarding suitability, performance or safety and, other than in respect of death or personal injury caused by the negligence of Whizz-Kidz, Whizz-Kidz excludes all liability for any accident, loss, damage or expense howsoever caused arising out of use (or otherwise) of the Mobility Equipment.

8. This agreement shall be governed by the laws of England.

Registered charity number: 802872

Whizz-Kidz is the working name for The Movement of Non-Mobile Children.

N: What next?

N1: Have you completed your application in full?

Here's a check list for you:

- Have you completed all of the sections in the application form?
- Has your local therapist completed and signed Part 2 your application? You can find this at the back of the form.
- Have you read and understood the Terms & Conditions for mobility equipment on pages 19 and 20 of the application form?
- Have you made a photocopy of your application or at the very least retained the Terms and Conditions on pages 19-20.
- Have you enclosed a recent photograph/s of the child/young person or alternatively, emailed them to kidzservices@whizz-kidz.org.uk
- If you are able to make a financial contribution to Whizz-Kidz' UK Mobility Equipment Fund, have you enclosed your cheque payable to 'Whizz-Kidz'? Thank you.
- Have you signed the contractual agreement on page 18?

Remember – it is important for you to keep us informed of any changes in your circumstances for example change of address or change in your child's condition/needs.

N2: Return your completed application to:

Children's Services
Whizz-Kidz
10-12 Allington Street
London
SW1E 5EH

N3: What happens next?

When we receive your completed application it will be prioritised by our Therapy Services Manager and we will let you know with in 4 weeks of receipt whether it is successful. If you are successful we will be in touch with you to set up an assessment when we have funding in place.

In the meantime, if you would like to find out more about our service and application procedure, please visit the 'Get help' section of our website: www.whizz-kidz.org.uk

Alternatively, call Children's Services on **0845 052 1231** (Local Rate Call) or email the team kidzservices@whizz-kidz.org.uk

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PART 2: For completion by child's local therapist



move a life forward

**Application for mobility equipment
Therapist support form**

IMPORTANT – This next section must be completed by the child/young person's local therapist. If the child/young person does not currently have a therapist, please provide the name, department and address of the last therapist you had contact with.

Dear Therapist

Whizz-Kidz will use the information you provide here to prioritise this application. It is essential that you complete this section in full. One of our Mobility Therapists may need to contact you to discuss the details of this application.

If you have any queries about completing this application form, please contact Children's Services on **0845 052 1231** (Local Rate Call) or email: **kidzservices@whizz-kidz.org.uk**

1: Child/young person's details

First name:	Last name/s:
Date of birth:	

2: Your details (Therapist)

First name/s:	Last name/s:
Occupation:	Qualification/s:
Contact address:	
County:	
Postcode:	
Telephone:	Mobile:
Email:	Contact days (if applicable):

3. Mobility equipment requested (please give details of type and model if known):

4: Diagnosis (please give details):

Please also give details of any relevant medical history, including surgery:

5: Child/young person's abilities

Please outline the child/young person's general abilities and condition (i.e. functional skills/gross motor skills, range of movement, tone and co-ordination)

6: Measurements Left Handed Right Handed

Height (cm):

Weight (kg):

Hip width (cm):

Upper leg length (cm):

Lower leg length (cm):

Sitting ability (specify posture):

Chailey Seating level (if known):

7: Transfer method (please tick) Standing Sideways Hoist**8: Environment & other considerations**

Please specify any environmental considerations, restrictions or terrain/s:

Please give details of any transportation considerations or restrictions:

Please give details of any attendant/parent/guardian considerations or needs e.g. medical conditions, registered disabled:

Please give us any additional information you think we should know:

9: NHS wheelchair service

Name of Primary Care Trust or Health and Social Services Trust/Board for the child :

Name of local NHS wheelchair service:

Name of Wheelchair Service Therapist (if different to above):

Telephone:

Email:

Will the local NHS wheelchair service consider joint funding with Whizz-Kidz?

Yes No

Is the child on the NHS wheelchair service waiting list? Yes No

If yes, what equipment will the local NHS Wheelchair Service provide? (please give details):

If no, please tick why the mobility equipment requested is not available:

The child/young person does not meet the local NHS wheelchair service criteria:

- Child is too young
- Child is not able to use the equipment safely
- Child cannot be independent in the equipment
- Child is able to self propel a manual wheelchair
- Child can walk indoors
- Other (please specify):
- The NHS wheelchair service does not provide the type of equipment
- The NHS wheelchair service does not have the budget to provide the equipment
- The child would join the waiting list for a long time
_____ years/months (please give details of approximate waiting time)
- Other (please specify):

Does the NHS voucher scheme apply?

Yes No

If yes, how much will the voucher be? (please specify amount):

£ _____

10: Other sources of funding

Is there any other local source of funding available e.g. Local Education Authority, Social Services, local charity, community group etc?

Yes No

If yes, please give details.

Main contact name:

Name of service/organisation:

Telephone:

Email:

11: Therapist's agreement

By signing this form you are confirming your support for this application and know the information given to be correct.

Therapist's signature:

Print name:

Date:

Please return this to the family so they can send us the whole application, you may wish to keep a copy for your records.

If you have any queries about completing this application form, please contact Children's Services on **0845 052 1231** (Local Rate Call) or email: **kidzservices@whizz-kidz.org.uk**