

i. About us

We are a disabled children's charity providing mobility equipment such as wheelchairs and delivering services all across the UK for young wheelchair users.

What we do:

- **Provide mobility equipment:** such as wheelchairs, trikes, buggies and sports wheelchairs for disabled children up to the age of 18.
- **Whizz-Kidz Clubs:** youth clubs where young wheelchair users can take part in activities like sports, drama, arts and crafts, days out and loads more!
- **Wheelchair Skills Training:** this will teach young disabled people skills to help them feel safe and confident in their wheelchair, and become more independent.
- **Work Placements and Work Skills Days:** these will help young people learn valuable skills to build their CV and prepare them for the world of work.
- **Camp Whizz-Kidz:** a three day residential camp focussing on helping young people to be more independent. Activities at camp include shopping, cooking, budgeting and assertiveness training.

On this application form you can apply for our services or equipment. Please note, you can also fill out this form online – visit

www.whizz-kidz-formz.net/wkcsypz.asp

ii. Your personal information

We need to collect certain personal information from you in order to process your application and to support your ongoing care needs whilst attending our services. This will include medical information. This form makes clear where you have a choice about providing information to us (for example, to hear about our fundraising activities) and where you can express a preference (for example, about the ways in which we communicate with you).

We recognise the sensitivity and importance of personal information, and treat it securely. By submitting your application you agree that we may store, disclose or transfer the sensitive personal information it contains to those employees of Whizz-Kidz who will process your application.

Whizz-Kidz may also be required or permitted by law to share your personal information.

Please note that you can withdraw your application at any point. You can also request to see any records which we hold about you.

iii. First steps

To apply for any of our services or equipment you must agree to the statement below:

- I have a physical disability and need a wheelchair for everyday activities and participation**

WHIZZ-KIDZ GENERAL APPLICATION FORM



1. Personal information

All questions marked with * are mandatory, as we need them in order to process your application.

1.1 About you* - please enter the details of the young person who is applying for equipment or services

First name*:	Surname*:
Address*:	
County*:	
Postcode*:	
Email address:	
Phone number:	
Mobile number:	
Date of birth*:	
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please state:	
NHS no:	

The fastest way for us to contact you is if you can provide us with an email address and a mobile phone number

1.2. Getting in contact with you*

Whizz-Kidz may need to contact you with important information relating to your application.

Please select which ways you prefer to be contacted about your application: <input type="checkbox"/> Telephone <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Post
Please note: these preferences only relate to your application. Please do not miss <i>Section 5 - Getting Involved in supporting Whizz-Kidz</i> for more detail on how you could support us and our charitable work.
Please note: if you select email, please be aware the details you submit will be sent to us by unencrypted email via the Internet. This means that complete confidentiality is not possible because we cannot guarantee the security of the Internet.

WHIZZ-KIDZ GENERAL APPLICATION FORM



1.3. Parent / (carer) information*

Title*: (e.g. Mr / Mrs / Ms)	
First name*:	Surname*:
Address*:	
County*:	
Postcode*:	
Email address:	
Phone number*:	
Mobile number:	
Additional phone number (work etc.):	

Whizz-Kidz may need to contact you with important information relating to the application.

Please select which ways you prefer to be contacted about the application:	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Text message
<input type="checkbox"/> Email	<input type="checkbox"/> Post
Please note: if you select email, please be aware the details you submit will be sent to us by unencrypted email via the Internet. This means that complete confidentiality is not possible because we cannot guarantee the security of the Internet.	

1.4. Emergency contact information*

In the event of an emergency we will attempt to contact your parent/carer. However we also need a second person's contact details in case we are unable to contact your parent/carer. Please give details of a second emergency contact below.

Name*:
Relationship*:
Phone number*:
Additional phone number:

1.5. GP information*

Doctor's name*:
Practice name*:
Doctor's / Practice phone number*:

Doctor's / Practice address*:

County:

Postcode:

1.6. School or college you attend*

1.6.1. Are you in formal education?

Yes

No

If yes, please complete following sections below:

I am educated at home

Other

I attend school

If other, please give details:

I attend college

I attend university

Name of school / college*:

Name of a member of staff who knows you well at school/college:

Address of your school/college*:

Work contact details of member of staff:

Telephone:

Mobile:

Email:

County:

Postcode:

1.6.2. What type of school do you attend?

Mainstream school / college

Special needs schools / college

Mainstream school or college with special needs unit

Residential School/College

Other

If other, please give details:

Do you live here in term time?

Yes

No

1.7. About yourself

Please use this space to tell us anything else about yourself you think would help us (such as your likes and dislikes, what your hobbies are, what you enjoy most, how your disability affects your daily life):

2. General medical information

We now need to ask some medical questions about yourself – this is to make sure we can provide you with the support you need when you come to our services.

2.1. About your conditions*

2.1.1. What is the name of your main condition(s) / disability?* Please list all

- 1.
- 2.
- 3.
- 4.

2.1.2. Please choose the category that most closely describes your disability:

- | | |
|---------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Bone and/or Joint Conditions |
| <input type="checkbox"/> Neuromuscular Conditions | <input type="checkbox"/> Cardiac and/or Respiratory Conditions |
| <input type="checkbox"/> Spinal Cord Conditions | <input type="checkbox"/> Genetic and/or Hereditary Disorder |
| <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Brain Injury | |

2.2. Further specific conditions*

2.2.1. Do you have any allergies?* e.g. Latex allergy, peanut allergy

- Yes
 No

If yes, please provide details:

2.2.2. Do you have Epilepsy?*

- Yes
 No

If yes, what type of seizures do you have?

If yes, how often do you have seizures?

If yes, do you have medication for your epilepsy?

- Yes
 No

If yes, please ensure medication section 2.2.8 is completed

2.2.3. Do you have diabetes?*

- Yes
 No

If yes, what type of diabetes do you have?

2.2.3.1. Do you take tablets for diabetes?

- Yes
 No

2.2.3.2. Do you have injections for diabetes?

- Yes
 No

If yes, please ensure medication section 2.2.8 is completed

2.2.4. Do you have asthma?*

- Yes
 No

If yes, please provide details (please include details of your asthma and what factors make your asthma worse):

2.2.4.1. Do you take medication for your asthma?

- Yes
 No

If yes, please ensure medication section 2.2.8 is completed

2.2.5. Excluding asthma, do you have any other airway or breathing issues, or do you need support with breathing or airway clearance?*

- Yes
 No

If yes, please provide details:

2.2.6. Do you have any skin or pressure care issues?*

- Yes
 No

If yes, please provide details:

2.2.7. Do you have any infectious conditions that we should know about? *

- Yes
 No

If yes, please provide details:

2.2.8. Do you take regular medication?*

- Yes (please note that you will need to bring any medication required with you whilst attending any of our services)
- No

If yes, please provide details of the drugs, how often required and how they are administered / taken:

If yes, who gives you your medication?

- Myself
- Parent / carer
- I would need assistance at the Whizz-Kidz services to take my medication

2.2.9. Do you have a visual impairment?*

- Yes
- No

If yes, please describe any aids used and support required:

2.2.10. Do you have any hearing impairment?*

- Yes
- No

If yes, please describe any aids used and support required:

2.2.11. Do you require support in following written instructions – for example, directions to a Whizz-Kidz service - without support?*

- Yes
 No

If yes, please describe the support you require:

2.2.12. Do you need any support in remembering or retaining information?*

- Yes
 No

If yes, please describe the support you require:

2.2.13. Do you need any support in recognising danger or dangerous situations? This could include personal safety, for example around sharp objects or fire, or more broadly, for example around road safety?*

- Yes
 No

If yes, please describe the support you require:

2.2.14. Do you need any support with any behavioural, mood or emotional issues?*

- Yes
 No

If yes, please give describe what the behaviour looks like, any trigger factors and support required

3. Your Mobility Aids and Abilities

3.1. Mobility and mobility aids

3.1.1. What aids do you use for your mobility? (Please tick all that apply)*

- Powered wheelchair
- Manual wheelchair
- Buggy
- Trike
- Walking aid

- None
- Other

If other, please provide details:

3.1.2. Do you currently use a mobility aid supplied by Whizz-Kidz?*

- Yes
- No

If yes, please give details of current equipment:

3.2. Your current abilities

We now need to ask some questions about your abilities.

Each question has a series of statements; please select the ones that best describe your abilities.

3.2.1. Mobility:

Tick only one answer

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> I walk independently without any aids | <input type="checkbox"/> I use a wheelchair some of the time |
| <input type="checkbox"/> I walk with walking aid / support | <input type="checkbox"/> I am reliant on a wheelchair for mobility |

Please give details:

3.2.2. Posture:

Tick only one answer

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> I sit without any support | <input type="checkbox"/> I require full support for sitting |
| <input type="checkbox"/> I sit with some support | |

Please give details:

3.2.3. Arms:

Tick only one answer

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> I have good use of both arms | <input type="checkbox"/> I need some support to use my arms |
| <input type="checkbox"/> I have good use of one arm, my right | <input type="checkbox"/> I require full support to use my arms |
| <input type="checkbox"/> I have good use of one arm, my left | |

Please give details:

3.2.4. Hands - 1:

Tick only one answer

- I am left handed
- I am right handed

3.2.5. Hands - 2:

Tick only one answer

- I am able to hold objects easily
- I need some support to handle objects
- I require full support to handle objects

Please give details:

3.3. Communication*

3.3.1. Communicating with others:

Tick only one answer

- I communicate using speech
- I communicate with impaired speech
- I use signs / symbols
- I use a communication aid
- I communicate using body language / in another way

Please give details of any support required to help with communicating with others:

(If you use a communication aid please bring it with you to any Whizz-Kidz event you attend)

3.4. Individual Support Needs*

3.4.1. What technical aids do you use (please tick all that apply to you)?

Tick all that apply

- None

OR

- Suction machine
- Ventilator
- Oxygen cylinders (please specify how many cylinders below)
- Feeding pump
- Other (describe / list below)

Please provide details:

(Please bring medical equipment required to any Whizz-Kidz event you attend)

3.4.2. Do you need any support with eating?*

- Yes
- No

3.4.3. Do you need any support with drinking?*

- Yes
- No

If yes to either, please provide details:

(Please bring your own aids/equipment to any Whizz-Kidz event you attend)

3.4.4. Do you have any special dietary requirements?*

- Yes
- No

If yes, please provide details (please state if you use a PEG, PEJ, specially prepared food or thickened fluids):

(Please bring your own aids/equipment to any Whizz-Kidz event you attend)

3.4.5. Toileting support required?*

- Yes
- No

If yes, please provide details:

Please give details of aids used such as urine bottles, continence pads, catheters) / routine, and support required:

(Please bring your own aids/equipment to any Whizz-Kidz event you attend)

3.4.6. Transferring and manual handling*

- Yes
- No

3.4.7. Do you require a hoist?*

- Yes
- No

3.4.8. Do you require a changing table?*

- Yes
- No

If yes to any of the above, please provide details of any aids used / routine, and support required:

4. Final questions

4.1. What is your ethnicity?

This information will be only used by Whizz-Kidz for the purposes of equal opportunities monitoring. You do not have to give us this information if you would prefer not to.

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Other Black |
| <input type="checkbox"/> Any other group | <input type="checkbox"/> Other Mixed |
| <input type="checkbox"/> Arab or Middle Eastern | <input type="checkbox"/> Other white European |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other white / mixed white |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Pakistani (incl. British) |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Traveller |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Turkish (inc. Turkish Cypriot) |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek (inc. Greek Cypriot) | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Indian (inc. British Indian) | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> White British |
| <input type="checkbox"/> Not stated | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Orthodox Jew | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other |

4.2. What is your religion?

This information will be only used by Whizz-Kidz for the purposes of equal opportunities monitoring. You do not have to give us this information if you would prefer not to.

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Baptist / Methodist | <input type="checkbox"/> Other Protestant / Other Christian |
| <input type="checkbox"/> Brethren | <input type="checkbox"/> Presbyterian / Free Presbyterian /
Church of Scotland |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Refusal / not answered / don't know |
| <input type="checkbox"/> Christian – no denomination | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Church of England / Anglican | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> United Reformed Church (URC) /
Congregational |
| <input type="checkbox"/> Islam / Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | |
| <input type="checkbox"/> No religion | |
| <input type="checkbox"/> Other non-Christian | |

4.3. What is your first language?

If you speak more than one language, you may find it useful to tell us what your first and second languages are. This information is not mandatory, so you don't have to tell us if you would prefer not to.

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Makaton | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Nepalese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangla | <input type="checkbox"/> German | <input type="checkbox"/> None | <input type="checkbox"/> Tigrinea |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Gujurati | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> BSL | <input type="checkbox"/> Hindi | <input type="checkbox"/> Puhto | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Korean | <input type="checkbox"/> Somali | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Luganda | <input type="checkbox"/> Spanish | <input type="checkbox"/> Zulu |
| <input type="checkbox"/> English | <input type="checkbox"/> None | <input type="checkbox"/> Other | |

4.4. What is your second language?

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Makaton | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Nepalese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangla | <input type="checkbox"/> German | <input type="checkbox"/> None | <input type="checkbox"/> Tigrinea |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Gujurati | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> BSL | <input type="checkbox"/> Hindi | <input type="checkbox"/> Puhto | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Korean | <input type="checkbox"/> Somali | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Luganda | <input type="checkbox"/> Spanish | <input type="checkbox"/> Zulu |
| <input type="checkbox"/> English | <input type="checkbox"/> None | <input type="checkbox"/> Other | |

4.2. What is your sexual orientation?

This information will be only used by Whizz-Kidz for the purposes of equal opportunities monitoring. You do not have to give us this information if you would prefer not to.

Please only answer this question if you are over 16.

- | | |
|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian / gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other | |

4.3. How did you hear about Whizz-Kidz?

- | | |
|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Advert | <input type="checkbox"/> NHS Wheelchair Service |
| <input type="checkbox"/> Family & Friends | <input type="checkbox"/> Other Whizz-Kidz services |
| <input type="checkbox"/> Search engine | <input type="checkbox"/> School, College or University |
| <input type="checkbox"/> Local health professional | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Local media | <input type="checkbox"/> Social services |
| <input type="checkbox"/> MP | <input type="checkbox"/> Whizz-Kidz fundraising |
| <input type="checkbox"/> National media | <input type="checkbox"/> Other |

If other, please specify:

5. Consent and contact preferences

Whizz-Kidz takes consent very seriously, and we treat your personal information with confidentiality and respect. We want you to feel involved in the work we do here, and from time-to-time we may wish to contact you. This might be to ask you to participate in an event, or to celebrate your story, whether this is on our website, through the media, on our social media channels, or simply with the people who fundraise for us.

We sometimes need to share your medical /personal information with other people and/or organisations.

When would this happen? Only when it is reasonably necessary to progress your application and/or if you require support with care needs when attending Whizz-Kidz services

Do I have a choice? We would like you to agree to this sharing. We make clear below the impact of you not agreeing to share the information. But it is your choice.

We may share your information with a number of organisations this could include the NHS, care providers and equipment suppliers we work with.

Why? To ensure your needs are met when accessing our services

If I don't agree...it will take longer to process your application and may impact on your ability to access our services

Are you happy for us to share your information in the ways described above?

- Yes
 No

5.1. Support us

Ensuring that we contact you about our fundraising work or news and campaigns in the ways that you would like to be communicated with is very important to us, you can change your preferences at any time by contacting us at supporter@whizz-kidz.org.uk. We will also contact you periodically by post or whilst attending our services to check that you are still happy to be contacted in the

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ways you have indicated. We will always store your personal details securely and respect your privacy, and will only ever share your data with other organisations working on our behalf for processing and analysis purposes. We will never pass or sell your data to any other commercial or charitable organisation.

We would like to share your information with trusts, foundations and other funding bodies, to help us raise the vital funds that enable us to provide our services.

Are you happy for us to share your information with funders as described above?

- Yes
 No

We'd love to share with you ways about how you can support Whizz-Kidz further through our fundraising activities and events.

Are you happy to be contacted about fundraising by:

- Email Telephone Post

We would love to share with you our news and details of our campaigns.

Are you happy to be contacted about our news and campaigns by:

- Email Telephone Post

We rely on volunteers to support our services for young people, to assist us in head office and to help us raise more money.

Would you be interested in hearing more about volunteering?

- Yes
 No

Many of the young people and families we work with tell us that receiving equipment or attending our services is just the start of their journey and they often feel like they've joined a big, fun family.

They love to get involved with raising funds and awareness and some even share their pictures, stories and videos for Whizz-Kidz to use in our marketing materials. If you would like to get involved, please let us know below.

5.2. Getting Involved

Getting involved - Events

We invite young people and their families along to events as much as we can! These events might be a celebration or thank you, or to help cheer on Team Whizz-Kidz at events like The London Marathon.

Would you be happy to be contacted about this?

- Yes
 No

Getting involved – Your Story

Sharing the stories of people we've helped is a great way for us to raise awareness of what we do and encourage people to support our charity. We include these stories in our marketing and fundraising materials and publish them on our website and social media. And sometimes we also share them with the media and other organisations.

Would you be happy to speak to a member of our team about this?

- Yes
 No

Getting involved – Pictures and video

We often take photographs and videos at our services, events and clinics. It's a great way to show the work that Whizz-Kidz does, to help us increase awareness and raise the vital funds we need to continue our work.

Would you be happy to be contacted about having your photograph taken or appearing in video shoots in the future?

- Yes
 No

Getting involved – Media advocate

The media are often interested in sharing the stories of young disabled people and their families, or getting their views on certain issues. Being a spokesperson may mean sharing your experience of how Whizz-Kidz has helped you, or commenting on something like why having the right wheelchair is so important. We will always check with you before we pass your details on to the media.

Would you be interested in hearing more about being a media advocate?

- Yes
 No

If you would like to make a donation to Whizz-Kidz you can do so by visiting www.whizz-kidz.org.uk/donate or by calling us on 0800 151 3350.

Thank you, you have now completed Stage 1 of your application. We will now collect information specific to what you're applying for (whether that's equipment or services).

Welcome to the Whizz-Kidz mobility equipment application form!

Whizz-Kidz provides a range of mobility equipment (including wheelchairs, trikes, buggies, and sports wheelchairs) for children and young people up to the age of 18 who have a physical disability and need a wheelchair for everyday activities.

1. Eligibility criteria

Before you complete this form, please check our eligibility criteria:

- Your child has a physical disability and requires a wheelchair for everyday activities and participation in day-to-day life
- Your child is under 18 years old when Whizz-Kidz receives your application
- If you are applying for a wheelchair/buggy you have contacted your local NHS Wheelchair Service first to determine if they will supply the equipment for your child, or if they will consider working jointly with Whizz-Kidz. You will need to tell us why they are not able to supply the equipment your child requires.
- Your child has not received mobility equipment from Whizz-Kidz within the last two years.
- If you are applying for a piece of recreational equipment (for example a trike or sports chair) we will only fund up to a maximum of £2500. If the equipment cost is over £2500 you will need to secure other sources of funding, for example with the help of your family, through another charity or through fundraising.
- Please also read the terms and conditions online at <http://www.whizz-kidz.org.uk/terms-and-conditions>. You must sign to confirm you understand these at the bottom of this form.

I confirm that my child meets the above eligibility criteria*

Yes

No

2. Your child's details

All questions marked with * are mandatory, as we need them in order to process your application.

Your child's name*:	Your child's date of birth*:
---------------------	------------------------------

2.1. What equipment are you applying for?*

Please tick one of the following*

- | | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Manual wheelchair for me to self-propel
(can be pushed by parents/carers if required) | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Manual wheelchair to be pushed by my parents/carers only (transit wheelchair) | <input type="checkbox"/> Add on power for a manual wheelchair |
| <input type="checkbox"/> Tilt manual wheelchair | <input type="checkbox"/> Specialist sports wheelchair for a specific sport |
| | <input type="checkbox"/> Buggy |
| | <input type="checkbox"/> Specialist Trike |
| | <input type="checkbox"/> Other |

If other, please describe:

Please give us more information about the mobility equipment you would like us to consider providing for your child:

If applying for a sports chair please tell us which sport your child currently play:

If applying for add-on power for a manual wheelchair please confirm you have agreement from your local wheelchair service for this to be fitted to your NHS wheelchair

I confirm that I have agreement from my local wheelchair service for this to be fitted to your NHS chair

- Yes No

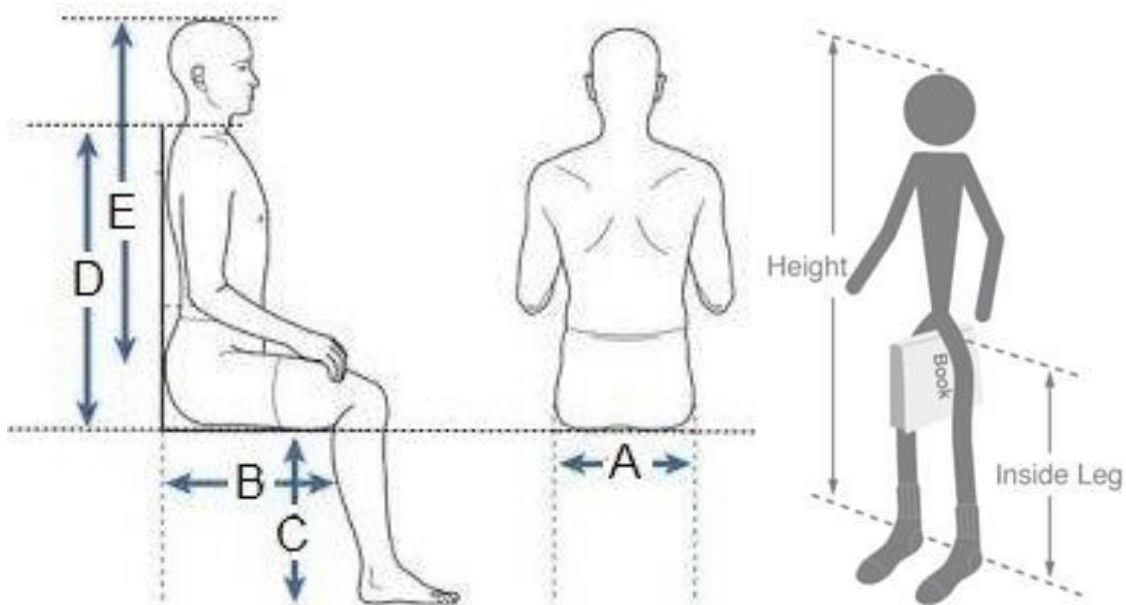
3. Your child's measurements*

It is essential that we have your child's current measurements to determine the right mobility equipment for your child. Please ask someone to help you if necessary. Your child's measurements are best taken with your child sitting as upright as possible on a hard chair, such as a dining chair, or in your child's wheelchair. You can also find a video demonstrating how to take these measurements on our webpage (<http://www.whizz-kidz.org.uk/get-our-help/equipment/taking-your-measurements>), or on the Whizz-Kidz App under 'Measurements'.

3.1. What is your child's current weight (please indicate kilograms)?*

3.2. What is your child's current height (please indicate in cm)?*

3.3. Please provide the following measurements (please indicate in cm)*:



A = Hip width*	
B = Seat depth*	
C = Lower leg length*	

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D = Shoulder height	
E = Top of head	
Inside leg length (for Tricycles only)	

4. Your local wheelchair service*

4.1. What is the name of your child's local NHS Wheelchair service*:

4.2. If you are applying for a wheelchair or buggy, have you approached your child's local service and been informed that the mobility equipment that you require is not available*?

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, what reason were you given as to why they are unable to supply the equipment you require?

Whizz-Kidz is unable to process vouchers from Wheelchair Services. However, we would be more than happy to consider joint funding in order to maximise the benefits for all involved.

4.3. Is your child's local service willing to joint fund with Whizz-Kidz to provide the equipment you require?

- Yes
 No

If yes, please tell us about the joint funding details:

5. Local Therapist / Professional who knows your child well*

5.1. Therapist Details

First name*:	Surname*:
Occupation*:	
Qualification*:	
Address*:	
County*:	
Postcode*:	
Work telephone*:	Mobile*:
Email at work*:	Contact days:

Any supporting statement from your local therapist will be helpful for your application, please attach any documents you have.

5.1.1. Have you discussed this application with your therapist?*

- Yes
 No

If yes, please provide details:

5.1.2. If yes, is your local therapist/professional named above in agreement with this application?

- Yes
 No

If yes, please provide details:

6. Surgery*

6.1. Are you aware of any relevant surgery your child might be having in the future?*

- Yes
 No

If yes, please provide details:

If yes, what is the approximate date of the surgery:

7. Information about you as parent / guardian of your child

7.1. Do you have any medical conditions which have an impact on your ability to support your child's mobility needs?*

- Yes
 No

If yes, please provide details:

8. Your home

8.1. Will your child be using their wheelchair in your home*?

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, please describe how accessible your home is for a wheelchair (e.g. wide doors, ramps, no door steps):

8.2. Do you have a lift in your home that your child needs to use with their wheelchair?*

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, please provide the internal dimensions and weight limit of the lift:

Lift width (cm):

Lift depth (cm):

Maximum weight (kg):

8.3. Is there a place to store the equipment safely?

- Yes
 No

If yes, please provide a description of the storage place:

If yes, please specify the dimensions of the storage space:

Width (cm):

Depth (cm):

Inside door width of storage place minus thickness of door (cm):

9. Transport requirements

9.1. Will you need to transport the equipment in a vehicle?*

- Yes
 No

If yes, please provide details:

9.2. Will your child travel in their chair when in a vehicle?*

- Yes
- No
- Not applicable (trike application)

If yes, please provide details:

10. More about your child

10.1. What is life like for your child without the right equipment? (Think about how your child gets around at school, at home and when they're with their friends)

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

11. Family Household

11.1. What is the total number of adults in your household?	
11.2. What is the total number of disabled adults in your household?	
11.3. What is the total number of children in your household?	
11.4. What is the total number of disabled children in your household?	

12. Residential status

<p>12.1. What are your housing circumstances?</p> <p>Tick only one answer</p> <p><input type="checkbox"/> Local Authority Housing <input type="checkbox"/> Privately rented</p> <p><input type="checkbox"/> Home owner <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Housing Association</p> <p><i>If other, please give details:</i></p>

13. Financial circumstances

13.1. What is your annual gross household income including all benefits to the nearest £1,000*	
13.2. How much of that income is derived from state benefits including state pension to the nearest £1000*?	
13.3. What is your total household savings to the nearest £1000*?	

14. Travelling to a clinic*

Whizz-Kidz carries out clinics in locations throughout the UK; if you are able to travel we might be able to assess you sooner.

14.1. How far are you willing to travel to a clinic?

Please note: You must keep us informed of any change in circumstances that may affect your application.

15. Declaration

I declare that the information is up-to-date and correct at the time of submitting this form, that I have read and understand Whizz-Kidz's terms and conditions, and that I will inform Whizz-Kidz if, at any time during my application, the circumstances of my child change.

Signed:

Name:

Date: