

FOR OFFICE USE ONLY.
Whizz-Kidz ID:



Application for mobility equipment

Who can apply for mobility equipment from us?

If your child is under 18 and has limited mobility or no mobility at all, you can make an application for equipment.

What type of equipment do we provide?

We can supply manual, powered and sports wheelchairs, trikes, scooters, buggies and companion cycles.

If you are applying for a piece of recreational equipment e.g. trikes, sports chairs etc. please note we will only fund up to a maximum of £3500. If the equipment cost is over £3500 the remainder will need to be funded via other sources e.g. the applicants family, another charity or via fundraising

If you are not sure about the equipment you need, we can help. Please contact us.

If you need any help with filling out your form or would like more information please contact **Children's Services** on **0845 052 1231** or e-mail us 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 equipment, particularly when answering questions about their life experiences and interests. If you are a young person and you are completing the application form yourself you will also need your parent or guardian to sign the form.

Please complete **all** sections of the application 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 the child / young person's name and the section of the form you are writing about on each extra sheet.

This application form is an agreement between the recipient's family and Whizz-Kidz and by signing it you are agreeing to abide by our Terms and Conditions on pages 17 and 18. It is important that you read them carefully before signing and returning your application.

Please enclose at least one hard copy of a good quality photograph of your child / young person using their current mobility equipment (if applicable). If you would like to send additional pictures in an electronic format 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.

We strongly recommend that you keep a photocopy of your application for your records.

Please post your completed form to:

Children's Services
Whizz-Kidz
4th Floor
Portland House
Bressenden Place
London
SW1E 5BH

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 / guardian

Section A: Contact details

Please write clearly and in BLACK pen throughout

A1: Child / young person (i.e. person who will be using the mobility equipment)

First name:	
Last name:	
Date of birth:	Age:
Male / Female (please circle)	NHS Number:
Address:	
County:	
Postcode:	
Daytime telephone:	
Mobile:	
E-mail home:	

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

Mother's name:	Title (e.g. Mr, Mrs etc):
Father's name:	Title (e.g. Mr, Mrs etc):
Primary Contact:	
Address:	
County:	
Postcode:	
Daytime telephone:	
Mobile:	
E-mail home:	
Email Work:	
Relationship to child / young person:	
Main language used at home:	

A3: 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:

Section B: Child / young person and carer information

B1: Current condition

Please give details of the main diagnosis: (e.g. Cerebral Palsy)

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

B2: Current ability

Legs:

- Unable to stand / standing transfer with help
- Unable to walk
- Walks with use of frame / crutches
- Walks without assistance

Arms:

- Both arms are unaffected
- Good use of one arm:
 - Right Left
- Some use of both arms
- Little or no use of arms

Posture:

- Sits unsupported
- Sits with support
- Needs fully supportive seating system

Hands:

- Able to grip easily
- Able to grip with difficulty
- Unable to grip

B3: Medical considerations

Communication:

- No communication
- Body Language
- Communication aid
- Sign language (which type):
- Impaired speech
- Full communication using speech

Fits / Epilepsy:

- Yes
- No
- If yes are they controlled
 - Yes
 - No

Vision:

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

Hearing:

- Ordinary hearing
- Partial hearing
- Hearing impairment

<p>Other medical considerations:</p> <p><input type="checkbox"/> Gastrostomy</p> <p><input type="checkbox"/> Suction</p> <p><input type="checkbox"/> Oxygen / ventilation user</p> <p><input type="checkbox"/> History of pressure problems</p> <p><input type="checkbox"/> Botox</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p>	<p>Learning impairment:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Profound</p> <p><input type="checkbox"/> Behavioural difficulties</p>
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B4: Hospital admissions / surgery

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

Yes No

If yes, please give details:

Is there any surgery planned?

Yes No

If yes, please specify with approximate date of surgery if known:

B5: Primary carer information

Does the primary carer have any medical conditions which have an impact on the child / family's mobility?

Yes No

If yes, please give details:

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 provide details below.

Section C: Equipment

C1: Required equipment

Please tick one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Indoor / outdoor powered wheelchair
<input type="checkbox"/> Riser powered wheelchair
<input type="checkbox"/> Attendant controlled powered
<input type="checkbox"/> Lightweight manual wheelchair
<input type="checkbox"/> Comfort manual wheelchair
<input type="checkbox"/> Power assisted wheels for manual wheelchair
<input type="checkbox"/> Power pack
<input type="checkbox"/> Scooter | <input type="checkbox"/> Buggy
<input type="checkbox"/> Double buggy
<input type="checkbox"/> Specialist sports wheelchair, please state sport and competition level:
<div style="background-color: #cccccc; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Tricycle
<input type="checkbox"/> Solo
<input type="checkbox"/> Companion cycle |
|---|--|

C2: Current mobility equipment

Does your child currently have any mobility equipment? Yes No

If yes please tick which of the following they use?

- | | |
|--|--|
| <input type="checkbox"/> Indoor powered wheelchair
<input type="checkbox"/> Outdoor powered wheelchair
<input type="checkbox"/> Indoor / Outdoor powered wheelchair
<input type="checkbox"/> Self propel manual wheelchair
<input type="checkbox"/> Push manual wheelchair
<input type="checkbox"/> Scooter
<input type="checkbox"/> Buggy | <input type="checkbox"/> Tricycle
<input type="checkbox"/> Solo
<input type="checkbox"/> Companion cycle
<input type="checkbox"/> Other please specify:
<div style="background-color: #cccccc; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> None |
|--|--|

Please give the model of each piece of equipment if known:

Please measure the seat cushion of their current chair (if applicable) and specify whether it is in inches (imperial) or centimetres (metric).

How wide is it?

How deep is it?

Please enclose a clear photo of your child in their current equipment

C3: Equipment history

Have you had equipment from Whizz-Kidz in the past? Yes No

If yes, please specify the model:

Year received:

If no, please tell us who funded your current piece of equipment:

Section D: Home Details

D1: Home and access

What are your housing circumstances? (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Local Authority Housing | <input type="checkbox"/> Privately rented |
| <input type="checkbox"/> Home owner | <input type="checkbox"/> Other (please give details): |
| <input type="checkbox"/> Housing Association | |

What type of house do you live in?

- | | |
|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Flat first floor or above |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Other (please give details): |
| <input type="checkbox"/> Maisonette | |
| <input type="checkbox"/> Ground floor flat | |

If you live in a flat that is first floor or above do you have a communal lift?

- Yes No

If yes, please provide the internal dimensions of the lift and specify whether it is in feet and inches (imperial) or metres and centimetres (metric). Similarly please specify whether the max weight is in kilos or stones.

Dimensions:

Maximum weight limit:

Does your home have wheelchair access ramps?

- Yes No

Has your home been internally adapted for wheelchair access?

- Yes No

If yes do you have any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Downstairs bathroom | <input type="checkbox"/> Stairlift |
| <input type="checkbox"/> Downstairs bedroom | <input type="checkbox"/> Through floor lift |

If you have a lift in your home please provide the internal dimensions of the lift and specify whether it is in feet and inches (imperial) or metres and centimetres (metric). Similarly please specify whether the max weight is in kilos or stones.

Dimensions:

Maximum weight limit:

Are there any plans for adaptations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify the date (if known): _____
Do you have steps leading into your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how many: _____
Are there any steps inside your home which will affect the use of the wheelchair? Please give details: _____	
Are there any difficult turns for a wheelchair to negotiate or narrow corridors? Please give details: _____	

D2: Storage of the equipment

Do you have safe storage space for the equipment indoors? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you intend to store the equipment? Please specify: _____
Do you have a safe electrical point in the house or garage to recharge battery (if applicable). <input type="checkbox"/> Yes <input type="checkbox"/> No	

D3: Transporting the equipment

Will you need the equipment to be transported in a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tick those which will apply:	
<input type="checkbox"/> Family Car. Please specify model of car: _____ <input type="checkbox"/> Not adapted <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Tail lift <input type="checkbox"/> Portable ramps <input type="checkbox"/> Headroom restrictions <input type="checkbox"/> Hoist Weight limit of hoist if applicable: _____	<input type="checkbox"/> School transport. Please specify type: _____ <input type="checkbox"/> Not adapted <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Tail lift <input type="checkbox"/> Portable ramps <input type="checkbox"/> Headroom restrictions <input type="checkbox"/> Hoist Weight limit of hoist if applicable: _____ <input type="checkbox"/> Public transport <input type="checkbox"/> Other, please give details: _____ <input type="checkbox"/> Taxi

E: Family Circumstances

It is useful for us to have some information 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 support.

The information 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

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

E2: Financial circumstances

Please tick the box that corresponds with your annual gross family income including all benefits (excluding Disability Living Allowance)

- | | |
|--|--|
| <input type="checkbox"/> Less than £16,000 | <input type="checkbox"/> £30,001 - £40,000 |
| <input type="checkbox"/> £16,001 - £23,000 | <input type="checkbox"/> £40,001 and above |
| <input type="checkbox"/> £23,001 - £30,000 | <input type="checkbox"/> Income Support |

E3: Parental contribution

Are you able to make a contribution, however small to Whizz-Kidz UK Mobility Equipment Fund? **(This will not affect your application)**

- Yes No

If yes, how much would you be able to contribute?

£

F: Other Contacts

F1: Family doctor

Name of GP:	
Address:	Telephone:
	Mobile:
County:	E-mail:
Postcode:	

F2: Social worker / Keyworker

Name of main contact:	
Address:	Telephone:
	Mobile:
County:	E-mail:
Postcode:	

F3: School or college

Name of school:	
Name of main contact:	
Address:	Telephone:
	Mobile:
County:	E-mail:
Postcode:	
What type of school or college do you attend?	
<input type="checkbox"/> Mainstream school / college	<input type="checkbox"/> Other, please give details
<input type="checkbox"/> Special needs schools / college	
<input type="checkbox"/> Mainstream school or college with special needs unit	

If the child young person is likely to change school or college within the next year please fill in the details the section below (F4) if applicable.

F4: About to move school or college?

Name of school:	
Name of main contact:	
Address:	Telephone:
	Mobile:
County:	E-mail:
Postcode:	
What type of school or college will the new one be?	
<input type="checkbox"/> Mainstream school / college	<input type="checkbox"/> Other, please give details
<input type="checkbox"/> Special needs schools / college	
<input type="checkbox"/> Mainstream school or college with special needs unit	

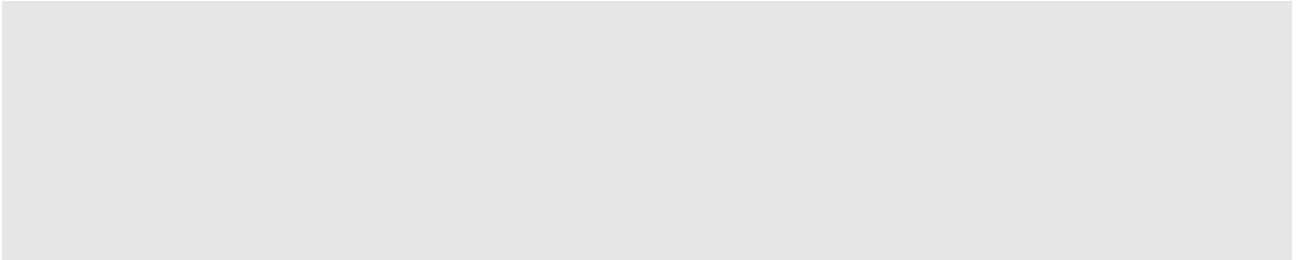
G: More about you

Please use a separate sheet of A4 if necessary for this section.

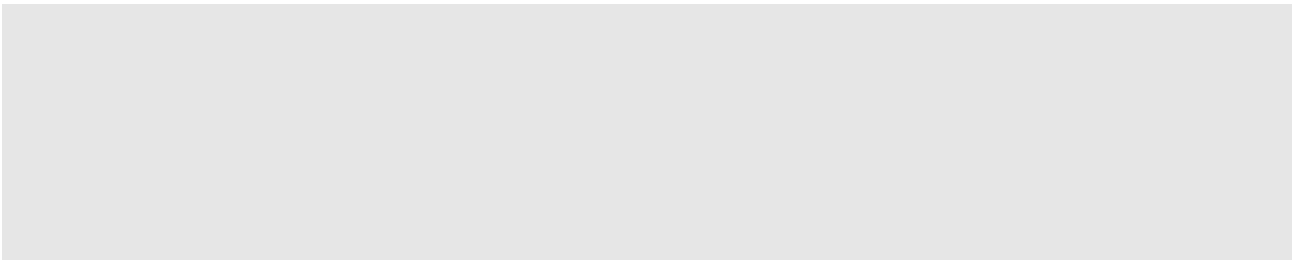
G1: More about the child / young person

This section is to be completed by the child / young person themselves, if possible.

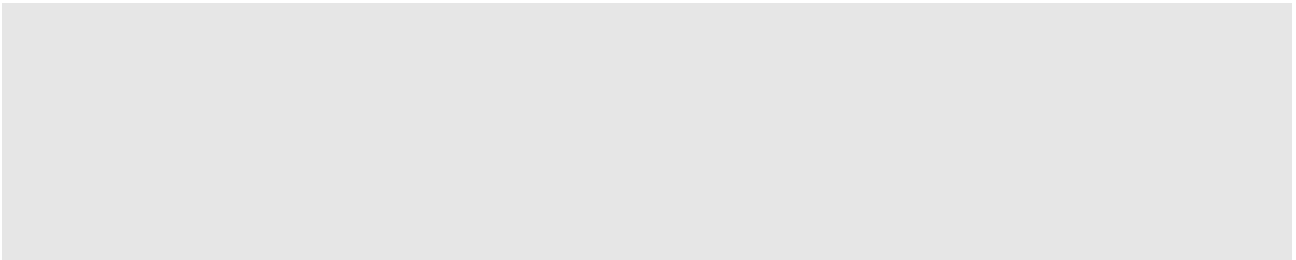
Please tell us more about how your disability affects your daily life:



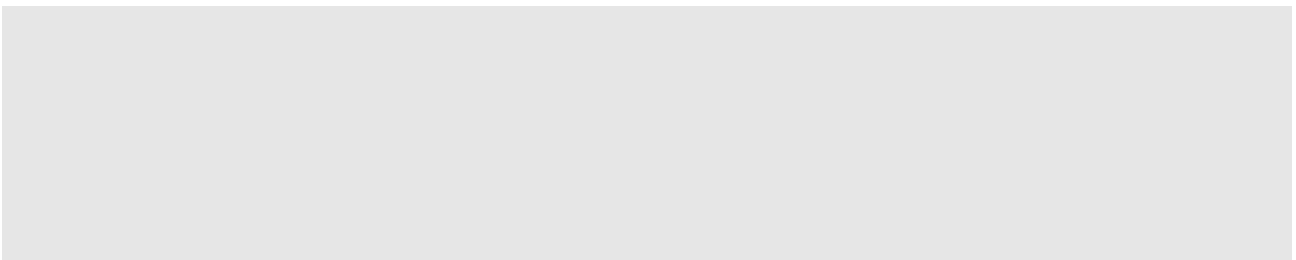
What is life like for you without the right equipment? (Think about how you get around at school, at home and when you're playing with your friends).



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).



Please tell us more 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:



H: Monitoring

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

H1: How did you hear about Whizz-Kidz?

Please tick any that apply:

- | | |
|---|--|
| <input type="checkbox"/> Local therapist | <input type="checkbox"/> Whizz-Kidz website / internet |
| <input type="checkbox"/> Local NHS wheelchair service | <input type="checkbox"/> Other media (newspaper, radio, TV etc.) |
| <input type="checkbox"/> Birmingham Whizz-Kidz mobility centre | <input type="checkbox"/> Whizz-Kidz' mailing |
| <input type="checkbox"/> Newcastle Whizz-Kidz mobility centre | <input type="checkbox"/> London marathon |
| <input type="checkbox"/> Whizz-Kidz wheelchair training programme | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other NHS professional | |

H2: Ethnicity

Please state your ethnic origin (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

I: Get involved

I1: Free services that may interest you

Whizz-Kidz provides services to support young people after they receive the mobility equipment. Would you like us to send you more information on the following?:

- Free Wheelchair Skills Training
- Free Whizz-Kidz social activities in your area for young wheelchair users
- Work experience for young people over the age of 15
- Life skills training for young people over the age of 13

I2: Ways you can help

Would you consider helping Whizz-Kidz? Would you like us to send you more information on the following:

- Fundraising activities you can get involved with
- Media activities to publicise the needs of young wheelchair users
- Campaigns such as writing to MPs to highlight particular issues for young wheelchair users

J: Data Protection

Whizz-Kidz will use the information you have provided in this application form to process your application for mobility equipment, monitor quality, develop its equipment provision service and other aspects of its services as indicated. Personal information in this form will be stored electronically and 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 I; or if you have given consent for your personal information to be used for publicity purposes in Section K 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.

REGISTRATION NUMBER Z5744794

K: Consent

On occasions we identify and approach an organisation or charitable trust as a potential source of funding for a specific child's equipment. Seeking funding in this way means we need consent to share information which may identify a child or their family with that organisation.

Also, for our fundraising materials, campaigns and publications it is often helpful to use real case studies of children who have received equipment. This might include identifying information such as the child's name, photo, medical condition and quotes about their experiences.

Finally our therapists occasionally give presentations to other healthcare professionals, educationalists and specialist family support networks in order to share best practice and share knowledge.

If you are happy for us to use the information you have supplied in ways described above, please indicate your consent:

I consent to information about my child and/or family being shared with another organisation or charitable trust for the purposes of seeking funds for my child's equipment and updating an existing third party funder. Please note that Whizz-Kidz will only share this information on the condition that it is not distributed to a wider media or to the public.

I consent to information about my child and/or family being shared with other healthcare professionals, educationalists and specialist family support networks in the form of case presentations for study or research purposes. Please note that Whizz-Kidz will only share this information on the condition that it is not distributed to a wider media or to the public.

I consent to the use of information about my child and / or family members (including photograph/s) provided to Whizz-Kidz for campaigning and fundraising materials, such as appearing on our website, in posters, leaflets, updates to supporters or in our e-newsletters. You will be contacted again to confirm your consent before identifying information is released to the public or supporters.

Please note that whilst Whizz-Kidz is committed to using the information appropriately and sensitively, once it has been distributed to a wider media, Whizz-Kidz may be unable to control its subsequent use.

The consent given is valid for no more than 5 years and can be withdrawn at any time by the child / young person and/or their parent / guardian.

Withholding consent will in no way affect your application.

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 12 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 (pages 17-18), the Data Protection Policy (above) and confirm the Consent (page14) 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

N: Checklist

N1: Have you completed your application form in full

- Have you completed **all** sections in the applications form?
- Have you signed the contractual agreements on pages 3 and 15?
- Has your local therapist completed and signed the Part 2 of your application? You can find this at the back of the form.
- Have you provided the measurement of the child / young person's seat cushion (width and depth) of their chair (if applicable)?
- Have you enclosed a recent photograph of the child / young person in their current equipment?
- Have you read and understood the Terms and Conditions on pages 17 and 18 of the application and retained them for your records.
- If you are able to make a financial contribution to Whizz-Kidz' UK Mobility Equipment Fund, have you enclosed a cheque payable to 'Whizz-Kidz'? Thank you.
- Have you made a photocopy of your application? This is important for your records.

N2: Please return your completed application form to:

Children's Services
Whizz-Kidz
4th Floor
Portland House
Bressenden Place
London
SW1E 5BH

What happens next?

When we receive your completed application it will be prioritised by one of our senior therapists and we will let you know within four 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** or email the team kidzservices@whizz-kidz.org.uk

IMPORTANT PLEASE KEEP THIS SECTION FOR YOUR RECORDS

Whizz-Kidz is the working name of The Movement for Non-Mobile Children (Whizz-Kidz). Registered charity No. 802872. Charity registered in Scotland No. SC042607 [Version 20.12.11]

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. Information from this application form will be stored electronically.

3. 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 without Whizz-Kidz prior permission. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

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

Application for Mobility Equipment Therapist support form

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

Please ensure both sections of the form are returned at the same time otherwise this may delay the processing of your application.

PART 2: For completion by the child’s local therapist

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** (charged at a local rate) or e-mail: kidzservices@whizz-kidz.org.uk

1: Child / young person’s details

First name:	Last name:
Date of birth:	NHS Number:

2: Your details (Therapist)

First name:	Last name:
Occupation:	Qualifications:
Address:	
County:	
Postcode:	
Daytime telephone:	Mobile:
E-mail at work:	Contact days:

3: Mobility equipment requested

4: Diagnosis

Please give details:

[Greyed out text area]

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

[Greyed out text area]

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).

[Greyed out text area]

6: Hand function

If applying for a power chair please tick the relevant box that reflects child’s abilities.

Which is their dominant hand

Right Left

Hand function sufficient for standard joystick use

Hand function sufficient for modified joystick

Hand function sufficient for switch use

Unable to use hands to control a powered chair

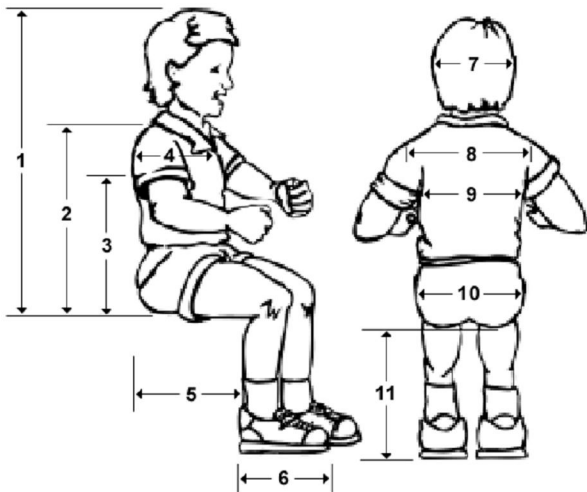
Other driving method

[Greyed out text area]

7: Measurements

This section must be completed as accurately as possible

Height (cm) [Greyed out text area]	Weight (kg): [Greyed out text area]
Chailey seating level (if known): [Greyed out text area]	Sitting ability (specify posture): [Greyed out text area]



8: Pre clinic measurements		
Inches	Centimetres	Key
		1) Top of head to seat
		2) Top of shoulder to seat
		3) Underarm to seat
		4) Trunk Depth
		5) Actual sitting depth
		6) Foot length with usual shoes on
		7) Width of head
		8) Shoulder width
		9) Chest width
		10) Hip width
		11) Left lower leg length
		12) Right lower leg length
		13) Inside leg (Trike applications only)
Measurements 2, 5,10,11,12 are the most important however if you are able to provide us with the others then this will also be helpful.		

9: Seating	
What are the child / young person's current seating requirements? <input type="checkbox"/> Flat cushion <input type="checkbox"/> Special cushion, please state make and model if known: <input type="checkbox"/> Cushion and back including thoracics, please state make and model if known: <input type="checkbox"/> Modular seating (e.g. CAPS2 or SOS), please state make and model if known: <input type="checkbox"/> Custom made seating (e.g. Foam Karve or matrix), please state make and model:	Is their current seating suitable and meeting their needs <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why is it unsuitable and when is their next review? <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>

10: Transfer method	
<input type="checkbox"/> Standing <input type="checkbox"/> Hoist	Assisted transfer Equipment used: <input style="width: 100%;" type="text"/> Other: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>

11: Environment	
Please tick any environmental considerations, restrictions or difficult terrain:	
Internal environmental considerations: <input type="checkbox"/> Narrow Doors <input type="checkbox"/> Tight turns <input type="checkbox"/> Narrow Corridors <input type="checkbox"/> Thresholds <input type="checkbox"/> Steps	External environmental considerations: <input type="checkbox"/> Hills <input type="checkbox"/> Uneven ground <input type="checkbox"/> Grass <input type="checkbox"/> Steep drives <input type="checkbox"/> Lack of dropped kerbs <input type="checkbox"/> Other
Please give as much relevant detail as possible:	
Please give details of any transportation consideration or restrictions:	
Please give details of any attendant / parent / guardian considerations or needs e.g. medical conditions, registered disabled:	
Please provide and additional information you think we should know:	

12: NHS Wheelchair Service

Name of local NHS Wheelchair Service:

Name of Wheelchair Service Therapist:

Telephone:

E-mail:

Will the local NHS Wheelchair Service consider joint funding with Whizz-Kidz?

- Yes No Don't know

Would they allow their seating to be used?

- Yes No Don't know

Would they help to maintain the chair or any part of it?

- Yes No Don't know

Is the child on the NHS wheelchair service waiting list?

- Yes No Don't know

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
 The child / young person is too young
 The child / young person is not able to use the equipment safely
 The child / young person cannot be independent in the equipment
 The child / young person is able to self propel a manual wheelchair
 The child / young person can walk indoors
 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 be on the waiting list for a long time

Please give details of the approximate waiting time:

Other (please specify):

Does the NHS voucher scheme apply?

Whizz-Kidz is the working name of The Movement for Non-Mobile Children (Whizz-Kidz). Registered charity No. 802872. Charity registered in Scotland No. SC042607 [Version 20.12.11]

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much will it be for? (please specify amount)
	£ <input type="text"/>

13: 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 below:

Main contact name:

Name of service / organisation:

Telephone: <input type="text"/>	E-mail: <input type="text"/>
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14: Therapist agreement

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

Therapists signature:

Print name:

Date:

Please return this to the family fully completed so they can send us the whole application. We advise you 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** or email: kidzservices@whizz-kidz.org.uk