

Centres for the Community Wheelchair Loan Scheme Application Form

All sections must be completed in order for the Wheelchair Loan Scheme to be used

Details of Hirer

Name:

Address:

Post Code:

Home Telephone No:

Mobile Telephone No:

CDC Number of Hirer or User:

The following information will be treated in the strictest confidence and will be used to offer you a more personal service

Details of User

Height:

Weight:

D.O.B.

Do you use a wheelchair because of (please tick box):

Accident:

Disability:

Illness:

Advancing age:

User Emergency Contact Details

Name:

Address:

Would you like a self-propelled wheelchair?

YES

NO

Hirer Declaration

I wish to use the Wheelchair Loan Scheme and agree to abide by the terms and conditions as set down by Elmbridge Borough Council in the leaflet provided.

Name:

Signed:

Date:

This equipment remains the property of Elmbridge Borough Council and is being loaned to you