

For Office Use Only	[Mem. No.]
	[Date]

Membership Details

Name:	Date of Birth:	Photograph
Address:		
	Postcode:	
Tel (home):	Mobile:	
E-mail:		

Who do we contact in the case of an emergency?

Name:	
Address:	Postcode:
Relationship to Member:	
Tel(home):	Mobile:

Identification (No bank cards, Credit cards Accepted)

Type:	Ref:
Type:	Ref:

Medical Information USER – Please complete or tick ✓

What is your approximate height / weight:	Height		Weight	
How good is your eye sight?:	Good		Fair	Impaired
Are you left / right handed?:	Left			Right
Can you walk unaided?:	Yes			No
Can you bend your knees?:	Yes			No
Do you have.....	Epilepsy		Diabetes	Heart Condition
What is the cause of your mobility problem?				
Powered scooter <input type="checkbox"/>	Manual Wheelchair <input type="checkbox"/>	Electric Wheelchair <input type="checkbox"/>	Rollator <input type="checkbox"/>	

How did you find out about Shopmobility? Please tick ✓

Word of Mouth <input type="checkbox"/>	Newspaper Advertising <input type="checkbox"/>	Flyer/Poster <input type="checkbox"/>	Website <input type="checkbox"/>
Online Search <input type="checkbox"/>	Facebook/Twitter <input type="checkbox"/>	Other: _____	
Member of any other Shopmobility Schemes: _____			

Assessment Training Checklist

Powered Scooter			Manual / Electric Wheelchair		
Tasks	Tick	Comments	Tasks	Tick	Comments
Getting On & Off / Operation of Seat / Storage of Sticks	<input type="checkbox"/>		Use of Footplates	<input type="checkbox"/>	
Customer Comfort: Tiller Bar Adjustment / Seat Position / Arm Rests	<input type="checkbox"/>		Brakes	<input type="checkbox"/>	
Switching Equipment On/Off, Key Security	<input type="checkbox"/>		Tipping Bar	<input type="checkbox"/>	
Tiller Display: Horn / Indicators / Lights / Battery	<input type="checkbox"/>		Negotiating Kerbs	<input type="checkbox"/>	
Speed Control / Dual Control / Horn / Lights / Indicators	<input type="checkbox"/>		Manual Forward / reverse / turning	<input type="checkbox"/>	
Operation: Accelerate / Stop / Reverse / Emergency Stopping, Turning Left/Right	<input type="checkbox"/>		Storage of Wheelchair	<input type="checkbox"/>	
Negotiate Dropped Kerbs / Doorways / Corners	<input type="checkbox"/>		What to do in emergency	<input type="checkbox"/>	
Crossing the Road	<input type="checkbox"/>		Crossing the road	<input type="checkbox"/>	
Manoeuvre in a Circle	<input type="checkbox"/>		Electric Wheelchair: operation of Joystick	<input type="checkbox"/>	
Freewheel control / Pushing the scooter	<input type="checkbox"/>		Electric Wheelchair: Speed Control	<input type="checkbox"/>	

Discussion Topics

- Awareness of pedestrians/footpaths etc.
- Reduced speed in confined areas
- Breaking/Roll-On. Different for each scooters.
- Hills & Slopes- Use lifts when possible.
- Emergency Contact Numbers
- Role of customer services/security
- Lifts- Entering & Exiting
- Turn off & Keys out when stopped/Parked.
- One finger/thumb to drive/reverse scooter.
- Never use two together.
- Fast take off on new scooters.
- Do **NOT** stand on Footplates (Wheelchairs)

<p>Office Use Only</p> <ul style="list-style-type: none"> <input type="checkbox"/> Membership Application Form completed . (Page 1) <input type="checkbox"/> Photograph taken – Membership card / Application Form. <input type="checkbox"/> 2 forms of ID (Copy of both required). E.g. Driving licence, Passport, Utility bill <input type="checkbox"/> Assessment Training Checklist (Page 2) <input type="checkbox"/> Membership Agreement completed (Page 3) copy given to member <input type="checkbox"/> Equality Monitoring Form (Page 4) 	<p>Checklist:</p>
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Membership Agreement – Terms and Conditions

- I agree to abide with the requirements of Shopmobility Mid Ulster’s Health and Safety policy Statement. A copy of this document is available on request.
- I confirm that I do not have any condition that might impair my ability to safely operate any electrically operated equipment owned by Shopmobility Mid Ulster and I agree to inform Shopmobility Mid Ulster of any condition or change that might affect my ability to safely operate the equipment.
- I agree to demonstrate my ability to use the various controls and methods of operation of the equipment that I intend to borrow from Shopmobility Mid Ulster. I understand that I will not be able to borrow any equipment from Shopmobility Mid Ulster until I have performed this demonstration to the satisfaction of the person carrying out my assessment.
- I understand and agree to report any incident or accident involving the loss of, damage to, any equipment belonging to Shopmobility Mid Ulster or to any other person.
- I understand that I may be asked to contribute to the cost/fees incurred for any repairs/damages caused by me, whilst the equipment is in my care.
- I will inform Shopmobility Mid Ulster of any operating faults or other problems encountered during the operation of the equipment to allow remedial action to be taken prior to further use.
- I will not carry passengers or let anyone else use the equipment on hire to me.
- I will not use a mobile phone whilst I’m driving the powered scooter.
- I will not overload my equipment with shopping or other items that may affect the steering and safety of the scooter and myself.
- I will ensure that I turn the powered equipment off when I am stationary or getting in or out of the equipment as this can cause severe accidents.
- I will not travel at excessive and dangerous speeds: I will travel at walking pace only.
- I will only use the equipment on the footpath at all times, unless where it is necessary to cross a road or to gain access to another footpath.
- I will only cross the road at a recognised crossing place where the kerb is level with the crossing point.
- I will return the equipment in good condition to the location I collected it from. Burnavon Arts Centre, Cookstown or Ranfurly House, Dungannon at or before the end of the agreed period of loan.
- I understand that Shopmobility Mid Ulster reserve the right to refuse a booking if any of the above conditions cannot be met satisfactorily and may ask for an individual to be reassessed to determine ability to operate equipment.
- I understand that my Membership is valid for a period of one year from the date of training.
- **No equipment will be issued until membership is renewed and re-tested.**

DECLARATION (Please tick):

- I can confirm that the information I have given is true to the best of my knowledge and I do not have any condition which would impair my ability to safely operate equipment provided to me by Shopmobility Mid Ulster.
- I consent to Shopmobility Mid Ulster (Cookstown & Dungannon) holding my personal data for the purposes of my membership and direct marketing.
- I have read and agree to the Membership Agreement – Terms and Conditions above.
- I confirm that I have been fully trained to operate the above equipment.

Members Name: _____ Date: _____

Members Signature: _____

Copy of Membership Agreement to be given to Member

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Equality Monitoring Form - User

Please tick, where appropriate.

Are you Male or Female?

I am Male I am Female

To what Age-group do you Belong?

Under 18 18 – 24 25 – 44 45 – 64 Over 65

What is your Status?

I am Single I am Married I am Divorced

I am Separated I am Widowed I am in a Civil Partnership

To what Racial Group do you Belong?

I am White

I belong to another Racial Group (e.g. Chinese, Indian, etc.)

What is your Religion?

I am Protestant I am Catholic

I am of another Religion (e.g. Hindu, Jewish, etc.)

I have no Religious Belief

The Department for Infrastructure will ONLY use the information you provided above for equality monitoring purposes.