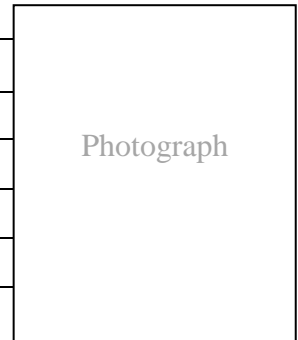


## Membership Details

Name:	Date of Birth:
Address:	
Postcode:	
Tell (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:	<b>Height</b>		<b>Weight</b>	
How good is your eye sight?:	<b>Good</b>		<b>Fair</b>	<b>Impaired</b>
Are you left / right handed?:	<b>Left</b>		<b>Right</b>	
Can you walk unaided?:	<b>Yes</b>		<b>No</b>	
Can you bend your knees?:	<b>Yes</b>		<b>No</b>	
Do you have.....	<b>Epilepsy</b>		<b>Diabetes</b>	<b>Heart Condition</b>
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: _____			

## DECLARATION:

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use

Checked by:	Date:
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## Membership Agreement

- 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.**

Members Name: \_\_\_\_\_ Date: \_\_\_\_\_

Members Signature: \_\_\_\_\_

### Copy of Membership Agreement to be given to Member

Office Use

Checked by:

Date:

## 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"/>		<b>Electric Wheelchair:</b> operation of Joystick	<input type="checkbox"/>	
Freewheel control / Pushing the scooter	<input type="checkbox"/>		<b>Electric Wheelchair:</b> 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)

**I confirm that I have been fully trained to operate the above equipment.**

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	Checklist:
<input type="checkbox"/>	Membership Application Form completed & Signed. (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"/>	Membership Agreement completed (Page 2) copy given to member
<input type="checkbox"/>	Assessment Training Checklist (Page 3)
<input type="checkbox"/>	Equality Monitoring Form (Page 4)

## 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.**