



**STRICTLY PRIVATE AND CONFIDENTIAL**

**Please read enclosed guidelines before you fill in this form**

**DETAILS OF THE PERSON REQUIRING THE EQUIPMENT**

Title and surname

Other names

Address

Daytime Telephone Number

Date of Birth

Disability

**EQUIPMENT**

Please tell us what item(s) of equipment you would like us to help you obtain

Please tell us where any other funding will come from (e.g. you may be getting help from M.S., Scope, or doing other fund-raising etc.) Please give as much information as you can.

Please tell us why you need this particular item. Please give as much information as you can and enclose any professional assessments, supporting statements or letters.

Who is your family Doctor or GP?

What is their address?

Their telephone number

Please let us have details of the person who can best tell us about your condition and your need for help with equipment from us. This could be a :-

- ✓ Nurse
- ✓ Physiotherapist
- ✓ Occupational Therapist
- ✓ Someone from Social Services

Their name

Their Address

Their telephone number

Please tell us if you have asked for help from any other sources and if so, what the outcome was. (Lions, Rotary Clubs, the Family Fund, Social Services Mobility, Other trusts etc.)

**If you have not asked for help from other sources we may request you to do so before we can make a decision on your application.**

Have you previously applied for a grant from the Wheelchair Fund?

Please tick box

|     |                          |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
|-----|--------------------------|

|    |                          |
|----|--------------------------|
| NO | <input type="checkbox"/> |
|----|--------------------------|

If 'yes' please say when you applied.

## DECLARATION

I declare that the information I have given on this form is correct and complete.  
I agree that the WHEELCHAIR FUND may request any information from the people or organisations given on this form, in order to deal with this application, and may, if it thinks necessary, approach other sources for help on my behalf.

All equipment provide by the Wheelchair Fund is issued in full working order, therefore I accept that when the above equipment is returned to the Fund it shall be done so with the equipment in full working order, with fully charged batteries where fitted, and with all accessories and chargers supplied at the time of issue. I understand that any equipment returned to the Wheelchair Fund in a non-working condition or returned with accessories and/or charger missing **will result in my being billed** for the work necessary to return the equipment to a satisfactory standard, enabling the equipment to be passed on to another successful applicant.

I agree to take out insurance to cover the wheelchair for fire, theft and damage and ensure that the cover is maintained throughout the time that I have use of it.

I accept that any failure to comply with the above may result in the withdrawal of the wheelchair.

I understand that the wheelchair remains at all times the property of the WHEELCHAIR FUND.

Signature of applicant

OR

Signature of parent or guardian where necessary

Date

Please post this completed form to:

The Wheelchair Fund  
52 St. Paul's Avenue  
Worsley Mesnes  
WIGAN  
WN3 5LL

*Please note that applications cannot be considered before receipt by the Trustees of your completed application form*

**The final page below is a copy of the declaration above which you have signed.**

**Please maintain it for your records, do not return it to the Fund.**

# THIS PAGE TO BE RETAINED BY THE APPLICANT

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