

## Westway CT – Membership Form Mobility Scooters – Out of Borough

<b>Surname:</b>	<b>Mr / Mrs / Miss / Ms / Other</b> _____
<b>Forename:</b>	<b>Tel No.</b>
<b>Address:</b>	<b>Mobile No.</b>
<b>Post Code:</b>	<b>Date of Birth:</b>
<b>E-mail address:</b>	Can you walk? Yes <input type="checkbox"/> No <input type="checkbox"/> Can you transfer without assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the cause of your mobility problem?</b>	<b>Can you use both hands?</b> YES / NO
<b>Your Weight:</b> <input type="checkbox"/> Under 14 Stone (90 kilos) <input type="checkbox"/> 14 to 18 Stone (90 to 114 kilos) <input type="checkbox"/> 18 to 21 Stone (114 to 136 kilos) <input type="checkbox"/> 21 to 25 Stone (136 to 159 kilos) <input type="checkbox"/> 25 to 35 Stone (159 to 222 kilos)	<b>Your Height:</b> <input type="checkbox"/> Under 5 feet (1.52m) <input type="checkbox"/> 5ft - 5ft 6" (1.52 - 1.67m) <input type="checkbox"/> 5ft 6" – 6ft (1.67 – 1.83m) <input type="checkbox"/> Over 6 feet (1.83m +)
<b>Do you have a visual impairment? YES / NO</b> <b>If 'YES' please tick one of the following:</b> <input type="checkbox"/> Wear Glasses <input type="checkbox"/> Partially sighted <input type="checkbox"/> Other _____	
<b>Do you have any of the following conditions?</b> Epilepsy / Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Conditions / Angina <input type="checkbox"/> If 'YES' you may be required to consult your doctor before using a Scooter.	
<b>Who referred you to Westway CT?</b> Self <input type="checkbox"/> Carer <input type="checkbox"/> Adult Social Care <input type="checkbox"/> Health Services <input type="checkbox"/> Other (please state) _____	

**To become a member of the WESTWAY COMMUNITY TRANSPORT, please complete all 4 pages of this form, sign in both Declaration sections and return it with your annual membership fee of £12, in the form of a cheque payable to WESTWAY COMMUNITY TRANSPORT, 240 Acklam Road, London, W10 5YG. (This fee will also cover your Mobility Scooter training)**

**DECLARATIONS**

- A) I declare that as far as I am aware, I do not have any condition that would impair my ability to operate the equipment loaned to me.
- B) I understand that it is my responsibility to inform Westway CT immediately in the event that I become aware of any change in my condition which might affect my ability to safely operate the equipment, & agree to undertake a new assessment.
- C) I agree to undertake training at an agreed date and time & understand that I may be refused use if staff have assessed & found me unable to safely operate a scooter.

**DATA PROTECTION**

Information I have provided on this form will be used to register my membership with Westway CT. My contact details & sensitive data (information pertaining to my health or disability) will be processed in accordance with the Data Protection Act 1998 & not passed to any third parties without my permission, except for Westminster City Council, which funds this scheme.

By filling in all sections of the form you will help us to ensure these services are widely used by all members of the community. By signing below, you consent to our processing of any sensitive data in accordance with this notice.

**Your Ethnicity** (please select one only)

**White**

- British
- Irish
- Other European
- Any other white

**Mixed**

- White & Black
- White & Black African
- White & Asian
- Any other mixed

**Black or Black British**

- Caribbean
- African
- Somali
- Any other black

**Any other group**

- Moroccan Arab
- Other Arab
- Chinese
- Filipino

**Asian or Asian British**

- African Indian
- Indian
- Pakistani
- Bangladeshi
- Other Asian

Any other ethnic background

**All Ethnic backgrounds**

**Not recorded**

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

## **Terms and Conditions – Mobility Scooters**

**Please read and agree to the following conditions:**

- Scooters are not to be left unattended, unless safely parked and locked.
- Each scooter is to be used with due care and attention and returned at the agreed time in its original condition as damage will be charged for.
- Staff must be informed of any accidents.
- Please remember that other people use the equipment, advise us if you have problems with continence or other similar conditions.
- A staff member is to be informed if any piece of equipment becomes unsafe.
- Scooters are to be used solely by the person signing this agreement and no additional passenger is to be carried.
- Scooters are not intended for road use, they can be used on the pavement and inside buildings; pedestrians maintain 'right-of-way'.
- Dropped kerbs and crossings should be used whenever possible.
- Scooters are to be switched off when not in use.
- Users of the vehicles are not to suffer from any condition that would prevent them from safely operating the equipment.
- Users are not to be under the influence of alcohol, medication, stimulants or other intoxicants that may impair their ability to use the equipment safely.
- Not to use the equipment on the road except for the purpose of crossing from one side to the other.
- Not to hang anything over the handle bars or near the speed controls.
- To be aware of the safety of pedestrians at all time and to take special care when turning corners, manoeuvring in tight spaces and when reversing, and to reduce speed in crowded areas and shops.
- WESTWAY CT cannot accept responsibility for any injury, loss, damage or inconvenience arising from the use of any vehicle it supplies.
- WESTWAY CT reserves the right to refuse this service if any of the above conditions are not met.
- OTHER INSURANCE - In the event you cause accidental injury or damage to third party property and you make a claim and you can also claim under another insurance policy, we will only pay our share of the claim. You must tell us the name of the other insurance company and the policy number.

**Please complete next page overleaf**

**Indemnity Form**

I confirm that as far as I am aware and I have not been advised by any medical profession of any reasons why I should not operate any vehicle provided by WESTWAY CT. I confirm that I will inform WESTWAY CT staff immediately in the event I become aware of any change in my condition that might affect my ability to safely operate a vehicle. WESTWAY CT disclaims liability for injury, loss or damage arising from inaccuracies, omissions or misinterpretation of its terms and conditions and I accept these conditions for use of the WESTWAY CT Mobility Scooters explained by signing below.

**Emergency Details:**

Next of Kin's name: .....	Telephone: .....
Doctor's Name: .....	Telephone: .....

**Medical Details:**

<p>Please give details of your restricted mobility, including any condition that would prevent you from operating a powered vehicle safely.</p> <p>.....</p> <p>.....</p>
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**Declaration:**

<p><b>I agree to abide by the terms and conditions stated above and overleaf and that information provided by me is correct to the best of my knowledge.</b></p> <p>Signed:.....Date:.....</p>
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**TO BE COMPLETED BY WESTWAY CT STAFF:**

<p>Comments: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Staff Signature: ..... Date: .....</p>
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