

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

# Shopmobility Belfast

## Member Application & Training Pack

### Scooter User

- **Page 2** – Medical/Eligibility Form
- **Page 3** – Registration Form
- **Page 4**– Training Assessment
- **Page 5-8** – Conditions of Use – Hand member a copy

#### Office Use Only

- Completed Medical/Eligibility Form (Page 2)
- Check 2 forms of ID  
i.e., Driving Licence or Passport & Utility Bill (within last 3 months)
- Completed Training Assessment Checklist (Page 4)
- Completed Conditions of Use (Page 5-8)
- Completed Equality Monitoring Form & filed separately

Assessor Name (Print): \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

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



## Medical/Eligibility Section:

**Do you have any of the following conditions?**

Please    / appropriate boxes.

Epilepsy?		Diabetes that requires Insulin?		Blackouts?	
Yes	<input type="checkbox"/>	*G.P. Letter required.	Yes	<input type="checkbox"/>	*G.P. Letter required.
When was your last episode?		When was your last hypo(glycaemic) attack?		When was your last incident?	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>

\*G.P. Template Letter available.

Do you have Memory Loss/ Dementia?	
Yes	<input type="checkbox"/>
An adult assessed as eligible to use our Equipment must assist and accompany you through your use of equipment.	
Name of Appropriate Adult: <input type="text"/>	
No	<input type="checkbox"/>

What, if any, is your medical condition? :
<input style="width: 100%;" type="text"/>

Are you using or taking anything, which prohibits you from using a scooter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been advised not to drive a scooter?	<input type="text"/>			
Yes	<input type="checkbox"/>	Why?	<input type="text"/>	
No	<input type="checkbox"/>			

What is your approximate weight in stones?	<input type="text"/>
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Basic Eye Test:	1. Can you read the notice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Witnessed and signed by the assessor:		<input type="text"/>			
	2. Can you judge distances between people, obstacles, doorways etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are you right or left-handed?	Right- Handed	<input type="checkbox"/>	Left- Handed	<input type="checkbox"/>
Can you bend your knees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is there any reason that may impair or stop you using a scooter in a controlled and reasonable way that is not covered in the above questions?	
Yes	<input type="checkbox"/>
Please explain: <input type="text"/>	
No	<input type="checkbox"/>

Do you require someone to accompany you in using our Product?	
Yes	<input type="checkbox"/>
The person to accompany you must be deemed eligible and trained by the Assessor and also sign these forms on your behalf.	
No	<input type="checkbox"/>

Please note that failure to give full, frank and accurate disclosure of any information relevant to the assessment of risk will invalidate your insurance with Shopmobility Belfast.

Signature of User/ Person of Responsibility (delete as appropriate): \_\_\_\_\_

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Witnessed by the Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

## Registration Form

### Personal Details:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Photograph

### Details of Person of Responsibility (if relevant):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Who do we contact in case of an emergency?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Photographic Identification & Proof of Address (within the last 3 months):

Type of ID: \_\_\_\_\_ Ref: \_\_\_\_\_

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### Equipment Requirement:

Powered Scooter

## **SCOOTER TRAINING ASSESSMENT:**

To be completed by the trained Assessor (Shopmobility Belfast staff/volunteer):

TASKS	EXPLAINED <u>/</u>	COMMENTS
Getting on & off SWITCH OFF/operation of seat/storage of sticks.		
Customer comfort: Tiller Bar/ adjustment/seat Position/arm rests/ seat belt.		
Switching equipment on/off, key security.		
Tiller display: Horn/indicators/lights/battery.		
Speed control/dual control.		
Operation: Accelerate/stop/reverse/emergency stopping/ turning left/right.		
Negotiate dropped kerbs/doorways and corners.		
Crossing the road.		
Manoeuvre in a circle.		
Freewheel control/pushing the scooter.		
Ability to manoeuvre in bad weather and difficult street surfaces.		
<b>POINTS FOR DISCUSSION:</b>		
SUBJECT	<u>/</u>	COMMENTS
Awareness of pedestrians/footpaths etc.		
Reduce speed in confined areas.		
Breaking/roll on. Different for each scooter.		
Hills and slopes: Use lifts when possible.		
Emergency contact numbers.		
Role of customer services/security.		
Lifts- entering & exiting.		
Do not use escalators/moving walk ways.		
Turn off & keys out when stopped/parked.		
One finger/thumb to drive/reverse scooter & Never use two together.		
Fast take-off on new scooters		
Importance of wearing a seat belt.		
ALWAYS travel with armrests DOWN.		
Confirmation of above matters discussed.		

**PERSON ASSESSED:** I confirm that I am satisfied with the training that has been provided by Shopmobility Belfast and that the above Assessment has been completed and understood.

Signature of User/ Person of Responsibility (delete as appropriate): \_\_\_\_\_

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Witnessed by the Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_



## Conditions of Use

- I agree to abide by the requirements of Shopmobility Belfast's Health and Safety Policy Statement. A copy of this document is available on request.
- I confirm that there is no circumstance or condition of mine that might impair my ability to safely operate any equipment owned by Shopmobility Belfast and I agree to inform Shopmobility Belfast of any change in my circumstances or condition 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 Belfast. I understand that I will not be able to borrow any equipment from Shopmobility Belfast until I have performed this demonstration to the satisfaction of the Training Assessor carrying out the Training Assessment.
- I understand and I agree to report any incident or accident involving any injury to me or any other person or the loss of, damage to, any equipment belonging to Shopmobility Belfast or to any other person.
- I understand that I may be asked to indemnify Shopmobility Belfast against any costs and fees incurred for any repairs/damages caused by me or at any time while the equipment is my custody. I also understand that I may be asked to indemnify Shopmobility Belfast against any liability for personal injury, loss or damage caused to Shopmobility Belfast or any third party.
- I will inform Shopmobility Belfast of any operating faults or other problems encountered during the operation of the equipment and 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 from Shopmobility Belfast.
- I will not use a mobile phone whilst driving any of Shopmobility Belfast's equipment at any time.
- I will not take alcohol or drugs (prescribed or other) that may impair my ability to safely operate equipment
- I will not overload my equipment with shopping or any other item(s) that may affect the steering and safety of the equipment and to me and/or any third party.
- In accordance with the advice that I have received I will ensure that I turn the powered equipment off when I am stationary or getting in or out of the equipment as this may cause accidents.
- I will not travel at excessive and dangerous speeds: I will travel at walking pace only.
- When using the hired equipment within a shopping store I will not travel at excessive and dangerous speeds; I will only enter shopping stores that have been modified to facilitate scooters and wheelchairs.
- I will only use lifts to access upper floors and will never bring equipment on an escalator or traveller.
- I will only use equipment on the footpath unless where it is necessary to cross a road. When crossing the road, I will only do so at a recognised crossing place where the kerb is level with the crossing point.
- I will return the equipment in good condition to Shopmobility Belfast at or before the end of the agreed period of loan.

- I am aged 18 years plus and I do not exceed the maximum weight for Shopmobility Belfast's equipment i.e.
- - Colt Twin or Plus - I do not exceed 25 stone.
- - Pursuit – I do not exceed 28 stone.
- I confirm that as far as I am aware I do not have any physical or mental conditions that would impair my ability to operate the equipment on loan to me by Shopmobility Belfast.

**Important Note:** If I cannot confirm the above by Declaration, I must provide Shopmobility Belfast with written confirmation from my doctor or qualified assessor as to whether he/she assesses me as fit to operate Shopmobility Belfast's equipment **PRIOR** to insurance cover being agreed and provided by Shopmobility Belfast.

- I understand that Shopmobility Belfast and its staff including volunteers reserve the right to refuse any booking if any of the above Conditions of Use cannot be met satisfactorily and may ask for any individual to be reassessed before permitting any use of Shopmobility Belfast's equipment.
- For the avoidance of doubt, nothing in these Conditions of Use is intended to exclude the liability of Shopmobility Belfast for any death or personal injury caused as a result of its own negligence.

I declare that the information I have given is true to the best of my knowledge. I understand that failure to give full, frank and accurate disclosure of any information relevant to the assessment of risk will invalidate my insurance with Shopmobility Belfast. I also declare that I understand that I will only be covered by Insurance by Shopmobility Belfast if I have Shopmobility Belfast's permission and by signing and abiding by Shopmobility Belfast's Conditions of Use.

Signature of User/Appropriate Adult (delete as appropriate): \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Witnessed by the Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

**Under the Data Protection Act 1998, Shopmobility Belfast will not disclose any information about you to a third party.**



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- I understand and I agree to report any incident or accident involving any injury to me or any other person or the loss of, damage to, any equipment belonging to Shopmobility Belfast or to any other person.
- I understand that I may be asked to indemnify Shopmobility Belfast against any costs and fees incurred for any repairs/damages caused by me or at any time while the equipment is my custody. I also understand that I may be asked to indemnify Shopmobility Belfast against any liability for personal injury, loss or damage caused to Shopmobility Belfast or any third party.
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Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Witnessed by the Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

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