

ScotAbility Application Form



Please read the Guidance Notes before completing this form. Use additional paper where necessary.

SECTION A – PERSONAL DETAILS

Surname Mr/Mrs/Miss/Ms/Other

Forename

Address
Postcode

Phone Number Mobile Number

Date of Birth Current Age

Please ensure you include proof of address. Refer to the Guidance Notes for proofs of addresses that we can accept.

SECTION B – MEDICAL CONDITIONS

a) Do you have any of the following medical conditions:

- | | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| Epilepsy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Heart problems / Stroke | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Breathing difficulties | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Arthritis | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Blackouts or dizziness | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Narcolepsy / Cataplexy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Deep Vein Thrombosis (DVT) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Multiple Sclerosis | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SECTION B – MEDICAL CONDITIONS *(continued)*

b) Do you have any medical conditions or impairment that are not mentioned overleaf?

Yes No

If yes, please give details below:

c) Do you take any medicines that may make you drowsy or cause you to respond more slowly than usual?

Yes No

If your answer is 'Yes', please give details below:

SECTION C – HEARING, SPEECH & COMMUNICATION AND SIGHT

Are you severely or profoundly deaf?

(This would mean a hearing loss of at least 70dBHL and may use a hearing aid)

Yes No

Are you without speech?

(This means you are unable to make clear basic verbal requests.
e.g. unable to ask specific questions to clarify instructions).

Yes No

Are you Partially Sighted or Registered Blind?

Yes No

If you have answered 'Yes' to any of the above questions, please give us more details about the problems you have with your hearing, speech or sight.

SECTION D – MOBILITY DETAILS

Information about your mobility

a) To enable us to ensure that we match the correct vehicle to your individual needs, please answer the following

I am predominantly Right-handed Left-handed Both

I weigh:

Under 90 Kilos (Under 14 stone)	<input type="checkbox"/>
90 to 114 Kilos (14 to 18 stone)	<input type="checkbox"/>
114 to 136 Kilos (18 to 21 stone)	<input type="checkbox"/>
136 to 159 Kilos (21 to 25 stone)	<input type="checkbox"/>
159 to 222 Kilos (25 to 35 stone)	<input type="checkbox"/>
Over 229 Kilos (over 36 stone)	<input type="checkbox"/>

b) Please tell us about your disability or impairment that affects your mobility.

c) Have you ever been advised NOT to use a Scooter or Powerchair?

Yes No

If you have answered 'Yes', please give details:

d) Do you need someone to help you when travelling?

If you have answered 'Yes', please explain why below:

SECTION E – OTHER DETAILS, DISCLAIMER, DECLARATION

If there is anything else you feel we should know about that may affect you using the ScootAbility scheme, please provide details below:

SECTION F – CHECKLIST FOR RETURNING YOUR APPLICATION

Please read the following carefully before signing:

- I confirm that the information given in this application is true and accurate to the best of my knowledge.
- I accept that the Council may make further enquiries to satisfy itself that the information I provide is true
- I certify that if I am advised at any stage that I should not use a Scooter or Powerchair, I will inform ScootAbility immediately.
- I agree to abide by the terms and conditions of membership as stated by the ScootAbility Scheme.

Signed: _____ Date: ____ / ____ / ____ (dd/mm/yyyy)

Before returning your application to us, please ensure that you have completed the following:

- ✓ I have completed ALL sections of the application form.
- ✓ I have enclosed proof of my residence in Camden or Islington.
- ✓ I have signed the declaration above

Please return your application form and supporting documents to:

Camden Accessible Travel Solutions
London Borough of Camden
PO Box 64175
London
WC1A 9BY

Accommodation Questionnaire



All applicants must complete this form.

ACCOMODATION DETAILS

a) What type of home do you live in?

Block of Flats Detached Semi-detached Sheltered Housing
Terraced Other

If 'Other', say what type

b) Are there one or more steps to enter your home/accommodation?

Yes No

If 'Yes', please tell us approximately how many steps:

c) Do you currently have a ramp at the property?

Yes No

If you live in a flat, on which floor do you live?

d) Do you have a lift in your building?

Yes No Not applicable

e) Do you think you have the space in your home to store and charge a Scooter or Powerchair?

Yes No Unsure

If you have answered 'No' or 'Unsure', please tell us if there is somewhere outside your home where a Scooter or Powerchair could be safely stored such as a garage or communal area:

Doctor, Occupational Therapist and Carer Contact Details



All applicants must complete this form.

It may be necessary for ScootAbility to consult your Doctor, Occupational Therapist or Carer to provide further information. You will be notified in writing if any clarification is required. We may need to consult with your Occupational Therapist should we need to carry out home adaptations to your property. Any information provided by your Doctor, Occupational Therapist or Carer will only be used to process your ScootAbility application.

CONTACT DETAILS

Doctor, Occupational Therapist and Carer details

a) Please provide the full name and address of your GP

Doctors Name:	
Surgery:	
Address:	
Postcode:	Phone Number:

b) Do you have an Occupational Therapist? Yes No

If you have said 'Yes', please provide the following details:

OT's Name:	
Address:	
Postcode:	Phone Number:

a) Do you have a carer that you would like present during your assessment?

Yes No

If you have said 'Yes', please provide the following details

Carers Name:	
Address:	
Postcode:	Phone Number:



Camden



ISLINGTON



Transport
for London

Equal Opportunities Monitoring Form



ScootAbility is available to all eligible applicants regardless of their gender, age (as long as they are 16 years and over) ethnic background, religion, or sexual orientation. Please help us meet this objective by completing this form. The information you provide will not affect your application and will be handled separately from your application form.

GENDER

Male

Female

AGE GROUP

16-19

20-24

25-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75-79

80-84

85-89

90 Plus

ETHNIC BACKGROUND

White British

African

Bangladeshi

Irish

Caribbean

Pakistani

White Other*

Black Other*

Indian

Chinese

Greek/Greek Cypriot

Asian Other*

Turkish/Turkish Cypriot

Other

*If 'Other' please specify