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**CAMBRIDGE CITY COUNCIL SHOPMOBILITY**

#### REGISTRATION FORM

**Grand Arcade and Grafton Centre** **Shopmobility**

##### 01223 457452

This registration form must be completed and two official types of identification shown, one of which must show your current address

Please note this registration process is conducted annually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | |
| Address |  | | | | |
| **Postcode** |  | | | | |
| Telephone Numbers (home & mobile) |  | | | | |
| EmergencyContact |  | | | | |
| Please indicate how you will usually get to Shopmobility | | | | | Tick |
| Car |  | Bus |  | Dial a Ride |  |
| Taxi |  | Guided Bus |  | Other |  |

**To enable us to allocate the correct equipment and for health, safety and insurance purposes please answer the following questions:**

1. Are you able to read a number plate at 12 metres Yes No
2. The equipment has a maximum weight capacity. Please indicate your weight:

Up to 16st Up to 18st Up to 20st Up to 26st Up to 36st

(102kg) (114kg) (127kg) (165kg) (229kg)

If you answer YES to any of the questions below we will require a copy of your UK driving licence or a doctor’s letter stating that you can operate powered equipment safely. If you can’t produce either of these a wheelchair will be issued provided you are with a responsible adult.

1. Do you suffer from muscle spasms in your arms or hands? Yes No
2. Do you suffer from seizures or blackouts? Yes No
3. Are you on any medication that could stop you driving a powered mobility aid in a safe manner? Yes No
4. Do you have any other health condition that will impair your ability to operate the equipment safely? Yes No

## Please carefully read this registration form and the separate terms and conditions in full before you tick the boxes below.

## I agree to take full responsibility for any mobility equipment loaned to me and use the equipment in accordance with the ShopMobility terms and conditions of use.

## I understand that my registration may be suspended or cancelled if these conditions are contravened.

## I confirm that as far as I am aware I do not have any condition, which would impair my ability to safely operate the mobility equipment loaned to me.

## I know that I must let ShopMobility know straight away about any changes in my health, which affects the safe use of mobility equipment.

## I confirm that I have received test assessment training and I fully understand how to operate the equipment.

## Cambridge City Council reserves the right to refuse to issue equipment or to terminate your membership at any time.

## By ticking this box I confirm that I have read the information above and the separate sheet of terms and conditions and agree to the terms stated.

# Customer Signature: Date: / /

 We (the Council) are collecting this information because we require it in order to allow you to join the Shopmobility membership scheme and/or be able to hire equipment. We require personal information as shown on the registration form. We will use this to maintain the database of Shopmobility users.

Full details of how we use your data and your rights is given in our terms and conditions notice.

Data will be retained for 2 years after termination of membership or last use of equipment.

## FOR OFFICE USE

|  |  |
| --- | --- |
| **Date of registration & Assessment of Use** |  |
| **Name of officer** |  |
| **ID & proof of address** |  |
| **Equipment issued** |  |