



Bury Shopmobility

34 Minden Parade, Bury, BL9 0QG
buryshopmobility@gmail.com
0161 764 9966

User Registration Form

User Number:

Application Notes:

1. Please read this form in its entirety including the insurance declaration on the reverse and sign where indicated.
2. Please complete the form below and send to the Administrator at the address above - please include the yearly donation (Cheques/Postal Order - please do not send cash) and copies of your ID.
3. Should you have any questions, please do not hesitate to contact us by phone or email and one of our team will be happy to help.

Terms and Conditions:

I, the undersigned, accept responsibility for any wheelchair or scooter which is under my sole care on any occasion I use Bury Shopmobility. In particular, I will ensure;

1. That the vehicle will not be taken away from the town centre.
2. That the vehicle will be used with due care and attention.
3. That the vehicle will be returned to Bury Shopmobility in good condition.
4. Will not be abusive to any member of staff or volunteer.
5. I accept Bury Shopmobility's right to refuse use of any equipment on grounds of safety.

Mr/Mrs/Miss/Other (delete as appropriate):

First Name:

Surname:

Address:

Phone Number:

(Home/Mobile)

email address:

Post Code:

Emergency Contact/ Next of Kin

Name:

Phone Number:

1. Which service do you feel will suit your needs best?

Scooter Electric Wheelchair Manual Wheelchair Volunteer Escort

2. Do you have any special needs?

3. How much do you weigh?

*Bury Shopmobility keeps user's names and addresses on a secure computer database to facilitate production of letters and the calculation of statistics. You have the legal right to object to the charity's holding this personal information on computer. Please inform us in writing if you do not want this information kept on a database, and it will be stored in another form. Please note that personal information is stored for in-house use only and is **never** passed on to third parties.*

Proof of ID: Two forms of ID bearing your name and address are needed - this can be, but not limited to, a utility bill, Prescription or Drivers Licence.

Cost: Users are asked to make a £12.50 annual donation and pay a usage fee for each use of our service to help with the running costs of the charity. Cheques should be made payable to Bury Shopmobility. **Please do not send cash through the post.**

Office Use Only:

User Number: _____ Forms of ID: _____
Amount Paid: £ _____ (Cash or Cheque) Registrar's Name: _____ Date: _____



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Insurance Declaration

I confirm that as far as I am aware I do not have any physical or mental condition which would impair my ability to operate the equipment which is to be lent to me by Bury Shopmobility, and that I have not been advised by my General Practitioner or usual Qualified Assessor of any physical or mental condition which would impair my ability to operate the equipment.

I promise immediately to inform Bury Shopmobility if my General Practitioner or Qualified Assessor advises me in future of any physical or mental condition which would render me unfit to operate the equipment in question.

Note:

If a satisfactory declaration cannot be provided, then prior to insurance cover being provided or any loan taking place, it will be necessary for a note from your General Practitioner or Qualified Assessor confirming that in their opinion you are fit to operate the equipment in question.

Other Insurance:

In the event you cause accidental injury or damage to third party persons or property and you make a claim, you can also claim under another insurance policy. We will only pay our share of any successful claim. You must tell us the name of the other insurance company and the policy number.

Please sign to indicate you have read the Terms and Conditions and the Insurance Declaration and agree to its terms and you have been given verbal instruction on the use of the equipment on loan.

Signature: _____ **Date:** _____

Office Use Only. Instruction given by:

Signature: _____ Name: _____ Date: _____