

Welcome to the Whizz-Kidz mobility equipment application form!

Whizz-Kidz provides a range of mobility equipment (including wheelchairs, trikes, buggies, and sports wheelchairs) for children and young people up to the age of 18 who have a physical disability and need a wheelchair for everyday activities.

1. Eligibility criteria

Before you complete this form, please check our eligibility criteria:

- Your child has a physical disability and requires a wheelchair for everyday activities and participation in day-to-day life
- Your child is under 18 years old when Whizz-Kidz receives your application
- If you are applying for a wheelchair/buggy you have contacted your local NHS Wheelchair Service first to determine if they will supply the equipment for your child, or if they will consider working jointly with Whizz-Kidz. You will need to tell us why they are not able to supply the equipment your child requires.
- Your child has not received mobility equipment from Whizz-Kidz within the last two years.
- If you are applying for a piece of recreational equipment (for example a trike or sports chair) we will only fund up to a maximum of £2500. If the equipment cost is over £2500 you will need to secure other sources of funding, for example with the help of your family, through another charity or through fundraising.
- Please also read the terms and conditions online at <http://www.whizz-kidz.org.uk/terms-and-conditions>. You must sign to confirm you understand these at the bottom of this form.

I confirm that my child meets the above eligibility criteria*

Yes

No

2. Your child's details

All questions marked with * are mandatory, as we need them in order to process your application.

Your child's name*:	Your child's date of birth*:
---------------------	------------------------------

2.1. What equipment are you applying for?*

Please tick one of the following*

- | | |
|---|---|
| <input type="checkbox"/> Manual wheelchair for me to self-propel
(can be pushed by parents/carers if required) | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Manual wheelchair to be pushed by my
parents/carers only (transit wheelchair) | <input type="checkbox"/> Add on power for a manual wheelchair |
| <input type="checkbox"/> Tilt manual wheelchair | <input type="checkbox"/> Specialist sports wheelchair for a specific
sport |
| | <input type="checkbox"/> Buggy |
| | <input type="checkbox"/> Specialist Trike |
| | <input type="checkbox"/> Other |

If other, please describe:

Please give us more information about the mobility equipment you would like us to consider providing for your child:

If applying for a sports chair please tell us which sport your child currently play:

If applying for add-on power for a manual wheelchair please confirm you have agreement from your local wheelchair service for this to be fitted to your NHS wheelchair

I confirm that I have agreement from my local wheelchair service for this to be fitted to your NHS chair

- Yes No

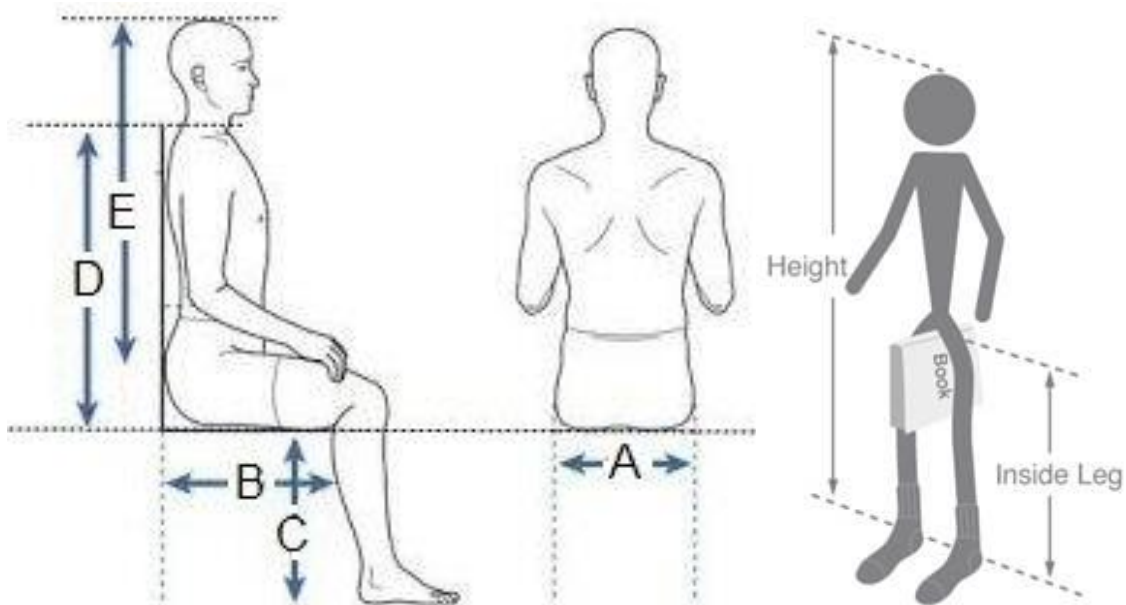
3. Your child's measurements*

It is essential that we have your child's current measurements to determine the right mobility equipment for your child. Please ask someone to help you if necessary. Your child's measurements are best taken with your child sitting as upright as possible on a hard chair, such as a dining chair, or in your child's wheelchair. You can also find a video demonstrating how to take these measurements on our webpage (<http://www.whizz-kidz.org.uk/get-our-help/equipment/taking-your-measurements>), or on the Whizz-Kidz App under 'Measurements'.

3.1. What is your child's current weight (please indicate kilograms)?*

3.2. What is your child's current height (please indicate in cm)?*

3.3. Please provide the following measurements (please indicate in cm)*:



A = Hip width*	
B = Seat depth*	
C = Lower leg length*	

**Whizz-Kidz Mobility Equipment
APPLICATION FORM**



D = Shoulder height	
E = Top of head	
Inside leg length (for Tricycles only)	

4. Your local wheelchair service*

4.1. What is the name of your child's local NHS Wheelchair service*:

4.2. If you are applying for a wheelchair or buggy, have you approached your child's local service and been informed that the mobility equipment that you require is not available*?

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, what reason were you given as to why they are unable to supply the equipment you require?

Whizz-Kidz is unable to process vouchers from Wheelchair Services. However, we would be more than happy to consider joint funding in order to maximise the benefits for all involved.

4.3. Is your child's local service willing to joint fund with Whizz-Kidz to provide the equipment you require?

- Yes
 No

If yes, please tell us about the joint funding details:

5. Local Therapist / Professional who knows your child well*

5.1. Therapist Details

First name*:	Surname*:
Occupation*:	
Qualification*:	
Address*:	
County*:	
Postcode*:	
Work telephone*:	Mobile*:
Email at work*:	Contact days:

Any supporting statement from your local therapist will be helpful for your application, please attach any documents you have.

5.1.1. Have you discussed this application with your therapist?*

- Yes
 No

If yes, please provide details:

5.1.2. If yes, is your local therapist/professional named above in agreement with this application?

- Yes
 No

If yes, please provide details:

6. Surgery*

6.1. Are you aware of any relevant surgery your child might be having in the future?*

- Yes
 No

If yes, please provide details:

If yes, what is the approximate date of the surgery:

7. Information about you as parent / guardian of your child

7.1. Do you have any medical conditions which have an impact on your ability to support your child's mobility needs?*

- Yes
 No

If yes, please provide details:

8. Your home

8.1. Will your child be using their wheelchair in your home*?

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, please describe how accessible your home is for a wheelchair (e.g. wide doors, ramps, no door steps):

8.2. Do you have a lift in your home that your child needs to use with their wheelchair?*

- Yes
 No
 Not applicable (trike and specialist sports wheelchair application only)

If yes, please provide the internal dimensions and weight limit of the lift:

Lift width (cm):	
Lift depth (cm):	
Maximum weight (kg):	

8.3. Is there a place to store the equipment safely?

- Yes
 No

If yes, please provide a description of the storage place:

If yes, please specify the dimensions of the storage space:

Width (cm):	
Depth (cm):	
Inside door width of storage place minus thickness of door (cm):	

9. Transport requirements

9.1. Will you need to transport the equipment in a vehicle?*

- Yes
 No

If yes, please provide details:

9.2. Will your child travel in their chair when in a vehicle?*

- Yes
- No
- Not applicable (trike application)

If yes, please provide details:

10. More about your child

10.1. What is life like for your child without the right equipment? (Think about how your child gets around at school, at home and when they're with their friends)

10.2. What difference will the new equipment make to your child's life and your child's family's life? (Think about what your child would be able to do that they can't do now)

11. Family Household

11.1. What is the total number of adults in your household?	
11.2. What is the total number of disabled adults in your household?	
11.3. What is the total number of children in your household?	
11.4. What is the total number of disabled children in your household?	

12. Residential status

<p>12.1. What are your housing circumstances?</p> <p>Tick only one answer</p> <p><input type="checkbox"/> Local Authority Housing <input type="checkbox"/> Privately rented</p> <p><input type="checkbox"/> Home owner <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Housing Association</p> <p><i>If other, please give details:</i></p>
--

13. Financial circumstances

13.1. What is your annual gross household income including all benefits to the nearest £1,000*	
13.2. How much of that income is derived from state benefits including state pension to the nearest £1000*?	
13.3. What is your total household savings to the nearest £1000*?	

14. Travelling to a clinic*

Whizz-Kidz carries out clinics in locations throughout the UK; if you are able to travel we might be able to assess you sooner.

14.1. How far are you willing to travel to a clinic?

Please note: You must keep us informed of any change in circumstances that may affect your application.

15. Declaration

I declare that the information is up-to-date and correct at the time of submitting this form, that I have read and understand Whizz-Kidz's terms and conditions, and that I will inform Whizz-Kidz if, at any time during my application, the circumstances of my child change.

Signed:

Name:

Date: