

Please read these notes carefully as they will assist you in completing your ScotAbility Application Form.

HOW WE USE THE INFORMATION YOU GIVE US

The information you provide will be treated confidentially and will only be shared with organisations working on our behalf to deliver the ScotAbility service. Please be assured that only relevant information will be shared.

The application process involves a training and home assessment session. Your personal details (name, address and contact number) may be passed to a nominated contractor who will carry out your training and home assessment on behalf of ScotAbility. It may also be necessary to pass on relevant medical information to them if a medical condition might affect your training and home assessment session.

When you become a member of the scheme your contact details will also be sent to a nominated contractor who deliver and collect the ScotAbility Scooters and Powerchairs.

In some situations, your contact details may also be sent to other relevant parties to assist the application process. For example, these might be companies working with us to install access ramps where necessary. We will not share your personal information if it is not relevant to your application. If, however, you do not wish your relevant details to be passed on, please contact us to discuss your concerns.

SECTION A – PERSONAL DETAILS

All applicants must complete this section **and** provide proof of their **permanent address in either Camden or Islington**. This can be a photocopy of **one** of the following documents:

- Your current Tenancy Agreement
- Letter from the Department for Work and Pensions or Her Majesty's Revenue and Customs*
- Current Council Tax bill or letter from that Department
- Current Television License or Full British Driving License

Alternatively you can provide **an original** of the following documents:

- A recent electric, gas, telephone or water bill*
- Bank or Building Society statement*
- A letter from the Manager of your Sheltered Accommodation*

All proofs must bear your name and address. **The documents marked *** must have been issued within the **last 3 months**. Failure to provide proof of address will result in a delay in processing your application.

All applicants must state a daytime contact number. This could be a landline or a mobile. If your telephone is a text phone, or if you have any other special requirements, please state this in Section E of the application form.

Please state clearly, your date of birth including the date, month and year that you were born.

SECTION B – MEDICAL CONDITIONS

All Applicants should complete this section. If you do tick 'Yes' in any of the boxes, please provide as much information as possible in the space provided. Please use a separate piece of paper if necessary.

When answering part c, please state clearly the name of the medication, check for the spelling, as incorrect information could result to delay in processing the application.

SECTION C – HEARING, SPEECH COMMUNICATION AND SIGHT

Please indicate whether you have any hearing, speech or other communication difficulties.

SECTION D – MOBILITY DETAILS

Please tick the boxes which best describe your situation. Give us much detail as possible when describing any disabilities that affect your mobility.

SECTION E – OTHER DETAILS, DISCLAIMER, DECLARATION

Please provide any other information that you feel is important that you have not provided anywhere else in the form. You can put additional information on a separate sheet if you require.

SECTION F – CHECKLIST FOR RETURNING YOUR APPLICATION

All applicants should sign and date the form and return it with the supporting documents.

ACCOMODATION QUESTIONNAIRE

All applicants should complete this section, giving as much information as possible about your home. We need this information to help assess if your home is accessible for Scooters and Powerchairs. We also need to determine if your home has adequate storage and recharging facilities, if you wish to keep the vehicle overnight.

DOCTOR, OCCUPATIONAL THERAPIST AND CARER DETAILS

All applicants should complete this section. Please note that 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 information is needed.

We may need to consult with your Occupational Therapist if we need to carry out home adaptations to your property.

If you have any concerns about providing any of the information requested in this form, please feel free to contact the ScootAbility team.

EQUAL OPPORTUNITIES MONITORING FORM

By filling in this section you will help the Council to ensure that ScootAbility is widely used by all members of the community regardless of gender, age (16 years plus), ethnic background, religion or sexual orientation. Please remember to complete this form.

WHAT WILL HAPPEN NEXT?

On receipt of your application and proof of address we will contact you to arrange a home assessment and training session. Your home will be assessed to see if it is accessible for a Personal Mobility Vehicle (PMV). On successful completion of your training you will be informed of your membership status. For further information please contact a member of Camden's Accessible Transport Service.

Passenger & Accessible Transport
Service
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London WC1A 9BY

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