



# Mobility Scooter and Powered Wheelchair Application Form



Once completed, please return to the Local Manager

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

What are you applying to store and charge?

Powered Wheelchair       Mobility Scooter

Classification of scooter (if applicable)

Class 1       Class 2       Class 3

Model of scooter \_\_\_\_\_

Do you agree to the following if your application is approved?

- I will ensure that my mobility scooter will have the correct tax registration status
- I will maintain and service my mobility scooter in line with the manufacturer's guidance
- I will arrange appropriate public liability insurance cover, and present it for inspection by Bield colleagues on request
- I do not have a visual, cognitive or medical impairment or dependency on alcohol or other substance that may impact on my ability to operate the scooter safely

Signed \_\_\_\_\_

Date \_\_\_\_\_



## Equality monitoring form

Can you help us understand how mobility scooter ownership impacts on different groups? Please help by answering the questions below.

**Sex**             Female             Male

**Age group**     55 - 64             65 - 74

75 - 84             85+

### Do you live in a gender other than that assigned at birth?

Yes             No             Prefer not to say

### Do you consider yourself to have a disability?

Yes             No             Prefer not to say

### If yes, please state the impairment(s) which apply to you

Physical impairment             Sensory impairment

Mental Health Condition             Longstanding illness

Learning disability             Other

### How would you describe your ethnic origin?

#### Asian

Bangladeshi

Pakistani

Chinese

Indian

Other

#### White

Scottish

Irish

English

Welsh

British

Northern Ireland

Polish

Lithuanian

Gypsy / Traveller

Other

#### African, Caribbean or Black

African

Caribbean

Black

Other

#### Mixed or multiple ethnic groups

Any mixed or multiple ethnic group

## **MOBILITY SCOOTER APPLICATION**

Your data, you should know...

Bield Housing and Care will store and process the information you give, including your personal data. We may share your information with Scottish Fire and Rescue. By completing this application form it will enable us to keep a record of all customers who own / or intend to own a mobility scooter for health and safety purposes.

Bield Housing and Care is subject to data protection laws, which include ensuring that you are aware of both your rights and how we, use your data. By continuing to complete this application form you are agreeing to Bield Housing and Care processing your personal data, and sharing your data with relevant partners stated above. You have the right to ask for a copy of your personal information.