

Specialised Equipment Application Form

Please answer all questions and provide any extra information you think may be relevant and useful. Please complete in **BLOCK CAPITALS** and return to below address.

Name of Applicant:	
Name of Parent / Guardian: (if different from above)	
Name of Organisation: (if applicable)	
Address of Applicant:	
Telephone Number:	
Email Address:	
Registered Charity Number: (if applicable)	
Name of Child:	
Age of Child:	



Wheelchair User (Yes / No):	
Type of Disability:	
Details of equipment for which you are applying:	
Do you have a quotation in consultation with your GP /OT / Physio / School? (If yes please enclose a copy)	
Would you be willing to give us a testimonial and/or photo to use for our website? (Y/N)	

Signed:

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Print Name:

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Date:

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