



GUIDANCE NOTE

COMPLETING MEMBERSHIP FORM

The membership form for the Mobility Scooter Service has six sections to complete:

- Section A – Personal Information
- Section B – Mobility Details
- Section C – Equality Monitoring (Completion of this section is optional)
- Section D – Other Details
- Section E – Disclaimer and Declaration
- Section F – Checklist

We need this information to:

- Make sure we are treating you fairly and with respect, and delivering the services you need.
- Ensure that we match the correct vehicle to your individual needs.

Please try to complete as much of the form as you can.

If you require assistance in completing the membership application form please contact a member of the Mobility Scooter Service team on 01387 253383.

We will keep your information confidential. We will make sure you cannot be identified through reports on use of the Mobility Scooter Service or on equality monitoring.

Thank you for taking the time to complete a membership form. Please return your application form and all supporting documents to:

Mobility Scooter Service, Midsteeples, High Street, Dumfries DG1 2BH

Telephone 01387 253383



MEMBERSHIP FORM

Please read the Guidance Notes before completing this form

SECTION A – PERSONAL INFORMATION

Please include two forms of ID:

- 1. Blue Badge, driving licence, bus pass, passport etc. and*
- 2. Recent utilities bill.*

Personal Information

Surname Mr/Mrs/Miss/Ms/Other

Forename

Address

Postcode

Telephone number

Mobile number

Email address

Date of birth

FOR OFFICE USE ONLY:

Membership form received (date)	Form processed (date)	What two forms of ID received	Approved (date / initials)	Membership Number	Membership card issued

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SECTION B – MOBILITY DETAILS**PART 1 – Mobility Details**

(a) To enable us to ensure that we match the correct vehicle to your individual needs, please answer the following: (Please tick ✓)

I am: Right-handed Left-handed Either

I am: Under 90 kilograms (under 14 stone)

90 to 114 kilograms (14 to 18 stone)

114 to 136 kilograms (18 to 21 stone)

136 to 159 kilograms (21 to 25 stone)

159 to 222 kilograms (25 to 35 stone)

Over 229 kilograms (over 36 stone)

(b) Do you take any medication that may make you drowsy or cause you to respond slower than usual?

Yes No

If yes, please give details:

(c) Please specify any disabilities that affect your mobility.

I have the following disabilities or mobility problems:

(d) Can you transfer onto the following vehicle types on your own?

Scooters

Yes No Unsure

Power Chairs

Yes No Unsure

Continued over page...

(e) Have you ever used a Scooter or a Power Chair before?

Scooters

Yes No

Power Chairs

Yes No

If yes, please tell use approximately how long ago:

(f) Have you ever received training in the safe use of a Scooter or Power Chair?

Yes No

If yes, please give details:

(g) Have you ever been advised NOT to use a Scooter or a Power Chair?

Yes No

If yes, please give details:

PART 2 – Hearing, Speech and Communication

Are you profoundly deaf? *(This would mean a hearing loss of at least 70dBHL)*

Yes No

Are you without speech? *(This means you are unable to make clear basic verbal request e.g. unable to ask specific questions to clarify instructions)*

Yes No

Please give details of any other communication needs or difficulties you would like us to know about:

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PART 3 – Walking Impairments

(If you are unable to walk please go to question (c)):

(a) Please tick (✓) the boxes to indicate any difficulties experienced when walking:

Walking causes me severe pain

I get tired after walking a short distance

I get out of breath after walking a short distance

I have problems with my balance

(b) How far can you usually walk before you feel severe discomfort to need to stop?

Number of steps, or

Number of yards, or

Number of metres, or

How many minutes

(c) Do you need someone to help you when travelling?

Yes

No

If yes, please explain why below:

(d) Do you use any of the following?

Walking stick

Yes

No

Wheelchair

Yes

No

Walking frame

Yes

No

Escort

Yes

No

Crutches/Elbow crutches

Yes

No

Artificial leg

Yes

No

Any other mobility aid? Please specify below:

If you have any other difficulties, please specify below:

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SECTION C – EQUALITY MONITORING (Completion of this section is optional)

We need this information to make sure we are treating you fairly and with respect, and delivering the services you need.

We will keep your information confidential. We will make sure you cannot be identified through reports on equality monitoring.

Please tick (✓) the relevant box in each section, or fill in the details as appropriate.

Q1 Where do you live?

Please tick the box next to your postcode.

DG1	<input type="checkbox"/>	DG7	<input type="checkbox"/>	DG13	<input type="checkbox"/>
DG2	<input type="checkbox"/>	DG8	<input type="checkbox"/>	DG14	<input type="checkbox"/>
DG3	<input type="checkbox"/>	DG9	<input type="checkbox"/>	DG16	<input type="checkbox"/>
DG4	<input type="checkbox"/>	DG10	<input type="checkbox"/>	KA6	<input type="checkbox"/>
DG5	<input type="checkbox"/>	DG11	<input type="checkbox"/>	ML12	<input type="checkbox"/>
DG6	<input type="checkbox"/>	DG12	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you don't know your postcode, write the name of your nearest town or village here.

Q2 What is your gender?

Male	<input type="checkbox"/>	Other	<input type="checkbox"/>
Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Q3 Have you ever identified as a transgender person?

Yes	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Q4 What is your age?

0 to 15	<input type="checkbox"/>	55 to 64	<input type="checkbox"/>
16 to 24	<input type="checkbox"/>	65 to 74	<input type="checkbox"/>
25 to 34	<input type="checkbox"/>	Over 75	<input type="checkbox"/>
35 to 44	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
45 to 54	<input type="checkbox"/>		

Q5 Do you consider yourself disabled?

Yes No Prefer not to say

Do you provide care or support for someone who is disabled?

Yes No Prefer not to say

Please tell us which of the following affect you or the person you provide care and support for.

Mobility	<input type="checkbox"/>	Eyesight	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Physical co-ordination	<input type="checkbox"/>	Physical capacity	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Severe disfigurement	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Other (please give brief details)

Q6 What is your sexual orientation?

Bisexual Heterosexual
Gay or Lesbian Prefer not to say

Other (please give brief details)

Q7 What is your ethnic group?

Choose **one** section from A to G, then tick **one** box which **best describes** your ethnic group or background.

A White

Scottish
English
Welsh
Northern Irish
Irish
Gypsy or Traveller
Polish

Other White ethnic group (please write in)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic group (please write in)

C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British
Indian, Indian Scottish or Indian British
Bangladeshi, Bangladeshi Scottish or Bangladeshi British
Chinese, Chinese Scottish or Chinese British

Other (please write in)

D African

African, African Scottish or African British

Other (please write in)

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please write in)

F Other ethnic group

Arab, Arab Scottish or Arab British

Other (please write in)

G Prefer not to say

Q8 What is your religion or belief?

Atheist or none Hindu
Church of Scotland Humanist
Roman Catholic Jewish
Other Christian Muslim
Baha'i Pagan
Buddhist Sikh

Other (please write in)

Prefer not to say

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SECTION D – OTHER DETAILS

Is there any other information you feel we should know about that may affect you using the Mobility Scooter Service. Please provide details below:

SECTION E – DISCLAIMER AND DECLARATION

Please read the following carefully before signing:

- I confirm that the information given above is true and accurate to the best of my knowledge.
- I accept that Dumfries and Galloway Council may make further enquiries to satisfy its self that the information provided is true.
- I certify that if I am advised at any stage that I should not use a Scooter or a Power Chair, I will inform the Mobility Scooter Service immediately.
- I agree to abide by the terms and conditions of membership as stated by the Mobility Scooter Service.

Signed: _____ Date: ____ / ____ / ____ (dd/mm/yy)

SECTION F – CHECKLIST FOR RETURNING YOUR APPLICATION

Thank you for taking the time to complete this form. Before returning your application to us, please ensure that you have completed the following:

- ✓ I have completed ALL sections of the application form.
- ✓ I have enclosed two forms of ID. *If ID is not enclosed you can bring this with you on your first visit.*
- ✓ I have signed the declaration above.

Please return your application form and supporting documents to:

Mobility Scooter Service, Midsteeples, High Street, Dumfries DG1 2BH

Telephone 01387 253383