

Stratford Shopmobility Scheme Registration Form



Technical Services, Stratford-on-Avon District Council

Level Two, Bridgeway Multi Storey Car Park, Bridgeway, Stratford-upon-Avon. CV37 6YY
Telephone: 01789 414534 Email: shop.mobility@stratford-dc.gov.uk
Website: www.stratford.gov.uk



If you find the text in this form difficult to read we may be able to supply it in a format better suited to your needs

Data Protection

The personal data that you provide will be used in the determination of your application, matters in connection with any equipment issued and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to determine your suitability for equipment and enable us to administer your equipment should any be granted. If you do not complete this form we will not be able to determine your suitability so the application will be refused.

Your data will be kept for the duration of the time you use equipment issued by Stratford-on-Avon District Council, and will be destroyed after 6 years.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on www.stratford.gov.uk.

For the Data Controller and Data Protection Officer's contact details and further information please see the Council's main Privacy Notice on www.stratford.gov.uk

General information regarding the scheme

- All information that you give is treated in the strictest confidence
- You can view your registration file at any time, as long as you have proof of identity
- The use of Shopmobility equipment is **free of charge** (if you wish to make a donation, you are very welcome)
- The opening hours are: **Tuesday to Saturday between 9.00am and 4.30pm**
Monday between 10.00am and 3.00pm

Applicant's Details (BLOCK CAPITALS)

| | |
|---------------|--|
| Surname | <input type="text"/> |
| Forename(s) | <input type="text"/> |
| Home Address | <input type="text"/> <input type="text"/> |
| Postcode | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Telephone No. | <input type="text"/> |
| Mobile No. | <input type="text"/> |
| Email | <input type="text"/> |

"Renewing Independence"

Please tick your reason for using Shopmobility

Tourism Shopping Visiting Friends and Family

Other (please state reason)

Please tick YES or NO to the following questions:

Do you suffer from muscle spasms in arms or hands? YES NO
Do you suffer from seizures? YES NO
Do you suffer from blackouts? YES NO
Do you suffer from impaired vision? (not just reading glasses) YES NO

If you have answered YES to any of the above, Shopmobility will require a letter from your doctor stating that you are able to operate the powered equipment in a safe manner.

Have you been given the Do's & Dont's safety leaflet YES NO

I the undersigned have received tuition and are confidant to use the equipment

Signed

Dated (DD/MM/YYYY) / / 2 0 1

OFFICE USE ONLY

Registration Number

Equipment Number

Identity checked

Tuition given

Registration Category SDC resident Non SDC resident

Staff signature