

Friends of Stratford Shopmobility

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

Your 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"/>
Approximate Weight	<input type="text"/>

Equipment Required

Type	<input type="text"/>											
Date Required (DD/MM/YYYY)	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Returning (DD/MM/YYYY)	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 DAYS / PER WEEK at £	<input type="text"/>			+£70 / £200 refundable deposit = £	<input type="text"/>							

We only take cash or cheques payable to **"Friends of Stratford Shopmobility"**, one for returnable deposit and one for the rental. Two forms of identification with your home address are required for ALL rentals (eg benefit book, utility or other bill etc). Deposits are returned after inspection of equipment.

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 confident to use the equipment

Signed

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

Conditions of Loan

1. The equipment specified overleaf on loan always remains the property of **Friends of Stratford Shopmobility** (hereafter referred to as the **Owner**) and the **Borrower** (named overleaf) will not sell, hire out, lend or otherwise part with the said equipment. The **Borrower** must have a permanent residence and must provide proof of residence and identity.
2. The **Borrower** shall completely indemnify the **Owner** in respect of all claims (wherever made) by any persons whatsoever for injury to persons and/or loss and/or damage to property caused by or in connection with or arising out of the use of the equipment whilst on loan to the **Borrower** and in respect of all costs and charges in connection therewith whether arising under common or statute law or otherwise.
3. A deposit is required against each item of equipment. The deposit will be returned in full providing the equipment is returned in a clean undamaged condition.
4. The loan commences at the time of collection and is deemed to continue until the equipment is returned to the office.
5. The **Borrower** shall not misuse the equipment and it must be returned in a good, clean state otherwise a charge shall be made for cleaning and any repairs necessary.
6. All equipment NOT returned will be invoiced to the **Borrower** at the current supplier's new list price.
7. All deposits and loan charges are payable on collection of equipment.
8. If any equipment is to be collected from another location an extra charge will be made (if for instance return is due on a Sunday when we are closed).
9. Although every effort is made to have equipment when requested no liability or responsibility can be accepted by the **Owner**.
10. Any breakdown of equipment must be notified to the **Owner** immediately.
11. The **Borrower** must NOT under any circumstances repair or attempt to repair the equipment or any part thereof.
12. No condition or warranty other than those set out herein shall be implied or deemed to be incorporated in or to form part of a contract.

If you require any help or advice about completing this form, please telephone Stratford Shopmobility office on 01789 414534

OFFICE USE ONLY

Cheques received by			
Cheque No 1		Cheque No 2	
Equipment No.		Serial No.	
Damage on return			