



WHEELCHAIR LOAN APPLICATION

Name: _____ Mr. Mrs. Miss ID Number:

Address: _____

Telephone No. _____ (home) _____ (mobile)

Email Address: _____

Age Group: (Under 50) (50-64) (65-75) (Over 75) **(Please Tick One)**

Name of Next of Kin /Care Giver: _____ Mr. Mrs. Miss ID No.: _____

Address: _____

Telephone No.: _____

Email Address: _____

Disability: Immobility Amputee Stroke Heart Attack Arthritis
Other _____

Referred by: Doctor Physiotherapist (Indicate: Private /Public) Social Worker Other

Will this chair be your 1st 2nd 3rd from The Foundation?

Size of chair be requested: 14" 16" 18" 20"

Do you have access to a cushion? Yes No

Signature of Applicant: _____ Date: _____

CERTIFICATION

I, _____, of _____

DO HEREBY CERTIFY THAT

IS SUFFERING FROM/HAS SUFFERED:

**AND IS IMMOBILE OR PARTIALLY IMMOBILE AND IS IN NEED OF
A WHEELCHAIR.**

Signature: _____

Date: _____

Place Official Stamp Here:

For Official Use Only

Application Received on: _____ 20_____

Date of Approval: _____ 20_____

Size of chair received: 14/ 16/18/20

Date Chair Received: _____ 20_____

Chair Collected by: _____ ID number: _____

Address: _____

Relationship to Applicant: _____

Applicant was provided with a copy of terms and conditions of Wheelchair Foundation Loan Scheme

Signature: _____

Date: _____
