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**SHOPMOBILITY REGISTRATION FORM**

**CLIENT DETAILS**

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| --- | --- |
| **Client ID** | **Date** |
| **Title** | **Address** |
| **Name** |  |
| **Date of Birth** |  |
| **Contact Number** |  |
| **Email address** |  |
| **Emergency Contact Number** | **Name / Relationship** |
| **Other Schemes Registered With** | **Proof of Identity**  **1.**  **2.** |
| **Medical Info** | **Weight (Under 25 St / 158 kg)** |

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| **Registration applied**  **for:** | Single visit  **£10.00** | 6 Months  **£45.00** | Annual *(recommended)***£70.00** |

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| In order to comply with UK Data Protection legislation, we need to ensure that we have your permission to store your personal information on our database. We may need to share your information with other organisations, including health, social care and voluntary sector, who are already involved, or may become involved in providing the care and support you require.  I consent for my personal information to be **stored** for the purposes of providing support for me and those looking after me.  I consent for my personal information to be **shared** for the purposes of providing support for me and those looking after me.  Age UK Surrey would like to keep you updated about our services, news, activities and events. Please tick the boxes below to indicate how you would like to hear from us  I am happy to receive information from Age UK Surrey about Services, news, activities and events by (tick all that apply): Post Email    I do not wish to receive information by from Age UK Surrey about Services, news, activities and events. |

**How did you hear about Shopmobility Guildford?**

**Shopmobility/Hire Insurance – Terms & Conditions of use:**

1. **Do you have a condition(s) that would prevent the safe use of a powered Mobility Scooter, or Powered Wheelchair (including visual impairment, uncontrolled epilepsy, seizures and fainting)? YES / NO**  
   *If yes, your application may need to be supported by a doctor’s letter, or may not be progressed.*
2. I agree to inform Guildford AUKS Shopmobility immediately if I become aware of any change in my condition, which might affect my ability to safely operate the vehicle and agree to undertake a new assessment.
3. I agree not to use the vehicle on the roads EXCEPT for the purpose of crossing, always using a dropped kerb or crossing.
4. I agree not to exceed the legal drink driving limit whilst using a Mobility Scooter or Powered Wheelchair.
5. I agree to give consideration to other pedestrian’s safety at all times, especially when reversing or manoeuvring in shops
6. I agree to immediately inform Shopmobility in the event of any accident involving damage to the vehicle or an incident/injury involving a third party.
7. I agree not to take the vehicle away from Guildford Town centre, to drive it in a responsible manner, exercising due care and attention at all times, taking good care of the vehicle whilst in my care and not leave it unattended at any time unless safely parked out of the way of pedestrians – with the key removed.
8. Wearing of seat belts is optional and no one else is to be carried on the vehicle at any time. No bags are to be hung from the steering column.
9. I agree to return the vehicle in good condition to a member of AUKS Shopmobility staff, at the office or at a predetermined point, on or before the agreed time of no later than 4.30pm
10. I confirm I have received clear instruction on the safe use and operation of the Shopmobility loan vehicle
11. AUKS Shopmobility reserves the right to refuse to loan a vehicle at their discretion and without explanation.
12. By signing this agreement, I agree that Age UK Surrey cannot be held liable or accept responsibility for any accident or personal injury incurred whilst the vehicle is under my control and that I take full responsibility against any claims made for material damage or personal injury by the third party.
13. In the event you cause accidental injury or damage to third party property and make a claim where you can also claim under another insurance policy in force at the time of the loss, our insurance company will only pay our share/portion of the claim. You must disclose to us details of the other insurance policy in force including the insurer and policy number

NB: Insurance Cover (Policy Number RKK840270 04/4. NB: Guildford Shopmobility is responsible for the first £100 of damage sustained by or to the vehicle and that charge may be passed onto the User. File:JBI/Shopmobility/T&C/09/2020.

**CUSTOMER DECLARATION**

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| **Name** |  | **Signature** |  |
| **Date** |  | **Client ID** |  |