



# Membership Application Pack

## What is Shopmobility?

Shopmobility Enniskillen is a charitable organisation. Shopmobility provides equipment to people with mobility restrictions, to help them get out and about encouraging independence, freedom and helping them to be part of the community. Shopmobility aims to provide this service to encourage the inclusion and equality of everyone in the community by offering different mobility aids including, Powered scooters, Manual wheelchairs and electric wheelchairs.

## Who can use it?

The service is for anyone whatever the cause of their mobility restriction. The service is available to people whether their disability is temporary or permanent. You do not need to be registered disabled to avail of the services.

## Why is it needed?

Shopmobility provides an important link in the transport chain and addresses root causes of social and economic inequality for people with mobility problems and disabilities. It provides transport and equipment to facilitate easy access to the town and shopping centres facilities.

## When is it available?

The service is available Monday-Friday between 10am - 4pm at Enniskillen Bus Depot & between 11am - 3pm at our Erneside service desk. It is free to join and free to use on a daily basis. Equipment is also available for long term hire should you require it. Hire outside of office hours can be made by pre-booking.

Tel: 028 6632 9965

Email: [enniskillensm@live.co.uk](mailto:enniskillensm@live.co.uk)

**How did you find out about Shopmobility?** Please tick ✓

Word of Mouth

Newspaper Advertising

Flyer/Poster

Website

Online Search

Facebook/Twitter

Other: \_\_\_\_\_

**Full membership allows you to have a say in how Shopmobility Enniskillen is run.**

**You are able to vote at Committee Meetings and hold a Committee post.**

**A one-off fee of £10 is required for Full Membership**

I would like to become a Full Member of Shopmobility Enniskillen (*Fee Paid*)

I would like to remain an Associate Member (*User*)

Membership No: \_\_\_\_\_



Member Photo

**Membership Details**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel (home): \_\_\_\_\_  
 Email \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Postcode \_\_\_\_\_

Mobile No. \_\_\_\_\_

**Who can we contact in case of an emergency?**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel (home): \_\_\_\_\_

Postcode \_\_\_\_\_

Mobile No. \_\_\_\_\_

**Identification (No Bank Cards, Credit Cards accepted)**

Type: \_\_\_\_\_ Ref: \_\_\_\_\_  
 Type: \_\_\_\_\_ Ref: \_\_\_\_\_

**Medical Information - Please complete or tick ✓**

What is your Approximate Height/ Weight:

Height	[ ]	Weight	<18st	18-21st	>21st
			[ ]	[ ]	[ ]

Do you wear Glasses	Yes	No	Sight Test	Pass	Fail
	[ ]	[ ]		[ ]	[ ]

Are you Left or Right Handed?	Left	[ ]	Right	[ ]
Can you walk unaided	Yes	[ ]	No	[ ]
Can you bend your knees?	Yes	[ ]	No	[ ]

Do you have:

Epilepsy	Diabetes		Blackouts
	[ ]	Type1 [ ] Type 2 [ ]	

What is the cause of your mobility problem? \_\_\_\_\_

**Equipment required:**

Powered Scooter  Manual Wheelchair  Other

**Declaration**

I can confirm that the information I have given is true to the best of my knowledge and I do not have any condition which would impair my ability to safely operate equipment provided to me by Shopmobility Enniskillen.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

## Membership Agreement

Equipment supplied by "Shopmobility Enniskillen" must be treated with care and in a safe manner at all time, in keeping with the training you have received from us.

1. I confirm that I do not have any condition that might impair my ability to safely operate any electrically operated equipment owned by Shopmobility Enniskillen and I agree to inform Shopmobility Enniskillen of any condition or change that might affect my ability to safely operate the equipment.
2. I agree to demonstrate my ability to use the various controls and methods of operation of the equipment that I intend to borrow from Shopmobility Enniskillen. I understand that I will not be able to borrow any equipment from Shopmobility Enniskillen until I have performed this demonstration to the satisfaction of the person carrying out my assessment.
3. I declare that my weight falls within the parameters for the equipment as outlined by the staff member.
4. I will inform Shopmobility Enniskillen of any operating faults or other problems encountered during the operation of the equipment to allow remedial action to be taken prior to further use.
5. I understand and agree to report any incident or accident involving the loss of, or damage to any equipment belonging to Shopmobility Enniskillen or to any other person.
6. I understand that I may be asked to contribute to the cost/fees incurred for any repairs/damages caused by me, whilst the equipment is in my care.
7. I agree that I will switch the power off when the scooter is stopped and/or apply the brakes on the manual wheelchair, to avoid possible interference with the controls by others.
8. I will not carry passengers or let anyone else use the equipment on hire to me.
9. Children are **NOT allowed** to ride on the Scooters/Wheelchairs or interfere with the controls at any time.
10. I will not use a mobile phone whilst I'm driving the powered scooter.
11. I will not use equipment while under the influence of alcohol, prescribed or un-prescribed drugs, that may impair my safe use of the equipment.
12. I will not use the equipment to trade, sell or collect money, on the street.
13. I will not overload my equipment with shopping or other items that may affect the steering and safety of the scooter and myself.
14. I will ensure that I turn the powered equipment off when I am stationary or getting in or out of the equipment as this can cause severe accidents.
15. I will not travel at excessive and dangerous speeds: I will travel at walking pace only and keep the speed reduced when in busy or confined areas.
16. I will only use the equipment on the footpath at all times, unless where it is necessary to cross a road or to gain access to another footpath.
17. I will only cross the road at a recognised crossing place where the kerb is level with the crossing point.
18. I will park the Scooter/wheelchair in a safe place at all times to ensure the safety of others in the vicinity.
19. I will return the equipment in good condition to Shopmobility Enniskillen (The Centre) at or before the end of the agreed period of loan. Equipment hired for more than # weeks will be recalled and checked for faults/condition before being rehired.
20. I understand that Shopmobility Enniskillen reserve the right to refuse a booking if any of the above conditions cannot be met satisfactorily and may ask for an individual to be reassessed to determine ability to operate equipment.
21. I understand that if any of the above conditions are not met on more than # occasions, or in the event of a major incident, Shopmobility Enniskillen reserves the right to suspend or remove membership from an individual, either for a specified period or indefinitely.

I have read and understand the guidelines and agree to adhere to them and I accept full responsibility for all equipment belonging to Shopmobility Enniskillen whilst in my care.

In case of emergency: I agree to telephone Shopmobility Enniskillen on:

**028 6632 9965**

Members Name: \_\_\_\_\_ Date: \_\_\_\_\_

Members Signature: \_\_\_\_\_



## Your Personal Data

The information you provide on this application form is subject to the General Data Protection Regulations (GDPR). To ensure the protection of your data and to ensure we use it correctly, please read and confirm whether or not you consent to the various forms of communication and usage of your data as outlined below.

The Shopmobility Northern Ireland Network is made up of individual member schemes of which Shopmobility Enniskillen is one.

We will allow the schemes in the Shopmobility Northern Ireland network to access your membership data to provide a better, uniform service should you wish to use equipment in other towns and cities that provide the Shopmobility service, within the Shopmobility Northern Ireland Network.

### How information about you will be used

To help to improve our service across Northern Ireland we will share your information with the Shopmobility Northern Ireland network. We will **not** share your information with any other 3<sup>rd</sup> party, or outside of the Shopmobility Northern Ireland Network.

### Your Consent

We would like to occasionally send you information about your membership as well as our services or events by post, telephone, email or SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post  Telephone  Email  SMS

We would also like to occasionally contact you to further identify your needs and identify how we can help Shopmobility to improve the service it provides, by post, telephone, email or SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post  Telephone  Email  SMS

**Signature**

**Date**

If you need any further information or would like to withdraw your consent for either of the above, please write to us at:

Shopmobility Enniskillen  
Ulsterbus/Translink  
Wellington Road  
Enniskillen  
BT74 7EF

Or email us at: [enniskillensm@live.co.uk](mailto:enniskillensm@live.co.uk)



# Assessment Training Checklist

To be completed by STAFF/VOLUNTEERS

## Getting On/Off the Scooter

- |  |   |
|--|---|
| <input type="checkbox"/> Store sticks/crutches | <input type="checkbox"/> Adjust Tiller position |
| <input type="checkbox"/> Swivel, adjust seat.  | <input type="checkbox"/> Adjust Mirror(s)       |
| <input type="checkbox"/> Arm Rests             | <input type="checkbox"/> Parking in Safe Place  |

## Display & Controls

- |  |   |
|--|---|
| <input type="checkbox"/> Battery Indicator     | <b>Dual Control</b>                                 |
| <input type="checkbox"/> Light/Horn/Indicators | <input type="checkbox"/> Forward/Reverse            |
|  | <input type="checkbox"/> Speed Controller           |
|  | <input type="checkbox"/> One finger/thumb operation |
|  | <input type="checkbox"/> Applying/Releasing brake   |

## Awareness

- |   |   |
|---|---|
| <input type="checkbox"/> Pedestrians have Right-Of-Way                    | <input type="checkbox"/> You are not easily seen  |
| <input type="checkbox"/> Poor Visibility –you cannot see over pedestrians | <input type="checkbox"/> You have responsibility for giving space and not causing damage/injury |

## Operation

- |   |  |
|---|--|
| <input type="checkbox"/> Be aware of fast take off  | <input type="checkbox"/> Turn 90deg. Right |
| <input type="checkbox"/> Forward in a straight line | <input type="checkbox"/> Emergency Stop    |
| <input type="checkbox"/> Reverse in a straight line | <input type="checkbox"/> Circle            |
| <input type="checkbox"/> Turn 90deg. Left           | <input type="checkbox"/> Drop Kerb         |

- |   |  |
|---|--|
| <input type="checkbox"/> Corners                | <input type="checkbox"/> Around buildings, take a wide line –shallow cornering can result in collision with a pedestrian doing the same.             |
| <input type="checkbox"/> Doorways               | <input type="checkbox"/> Narrow single doors – not double width  |
| <input type="checkbox"/> Lifts                  | <input type="checkbox"/> Enter in reverse where there is only one exit. People tend to rush into a lift and you need to see them easily when exiting |
| <input type="checkbox"/> Crossing Roads         | <input type="checkbox"/> Use designated crossings where possible.  |
| <input type="checkbox"/> Hills/Slopes           | <input type="checkbox"/> Use lifts if available<br>Going Up: Higher Speed<br>Going Down: Slow speed  |
| <input type="checkbox"/> Breaking & Roll-On     | <input type="checkbox"/> Different on each scooter.  |
| <input type="checkbox"/> Free-Wheel/Pushing     | <input type="checkbox"/> How to operate free-wheel<br>Aware of motor break when pushed too fast  |
| <input type="checkbox"/> Loading into a vehicle | <input type="checkbox"/> Two people to be safe.  |

I confirm that I have received training on the date noted and I have been trained to a suitable level of competence:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## EQUALITY MONITORING FORM

Please tick, where appropriate.

### Are you Male or Female?

I am Male                      I am Female

### To what Age-group do you belong?

Under 18              18 – 24              25– 44              45– 64              Over 65

### What is your Status?

I am Single              I am Married              I am Divorced  
I am Separated              I am Widowed              I am in a Civil Partnership

### To what Racial Group do you belong?

I am White  
I belong to another Racial Group (e.g. Chinese, Indian, etc.)

### What is your Religion?

I am Protestant              I am Catholic  
I am of another Religion (e.g. Hindu, Jewish, etc.)  
I have no Religious Belief

**The Department for Regional Development will ONLY use the information you provided above for equality monitoring purposes.**





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**A Signed Copy is held on File at Shopmobility Enniskillen**

If you need any further information or would like to withdraw your consent for how we use your data, please write to us at:

Shopmobility Enniskillen  
Ulsterbus/Translink  
Wellington Road  
Enniskillen  
BT74 7EF

Or email us at: [enniskillensm@live.co.uk](mailto:enniskillensm@live.co.uk)

