



FREEDOM WHEELS – PROJECT APPLICATION FORM

Locked Bag 2008, WENTWORTHVILLE, NSW 2145
T: 02 9912 3400 or 1300 663 243 F: 02 9890 1912
E: fw@tadnsw.org.au W: www.tadnsw.org.au



SPECIAL BIKES FOR KIDS WITH DISABILITIES
MADE BY TAD.

To assist us to process your application quickly, please fill in as many details as possible.

Need help? Call us on 1300 663 243.

CUSTOMER:

Surname:
First Name:
DOB:/...../..... F M

MAIN CONTACT PERSON: Title:
Surname:
First Name:
Relationship:

Organisation (if applicable):
Address:
Phone:
Mobile:
E-mail:

REFERRER: Title:
Surname:
First Name:
Job Title or Role:

Organisation:
Address:
Phone:
Mobile:
E-mail:

Send quote to:
 contact person referrer both

Do you need an interpreter? Y N
Which Language?.....

MEDICAL DETAILS:

Diagnosis:
Previous Medical History:
Medications:
Seizures: Yes No **Trigger:** **Frequency:** **Date of last episode:**/...../.....
Comments:

SIGNIFICANT RESTRICTIONS IN MOVEMENT AT HIPS/KNEES/ANKLES:
.....
.....

RECENT OR AWAITING SURGERY OR BOTOX: (please supply details/dates if known)
.....
.....

TRANSFER ABILITY: I can transfer on and off a chair:

without assistance with low to moderate assistance with full assistance



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CURRENT MOBILITY: (tick appropriate box)

- Walks independently Walks with equipment:
- Wheelchair (please select): Manual / Powered Self-propelled / Attendant propelled
- Postural Supports required in wheelchair (please select): pelvic fins thoracic fins headrest pelvic belt
pommel moulded seating system harness other

OTHER INFORMATION:

Have you ever ridden a bike? Yes No

What problems did you encounter?
.....
.....

Height: cm Weight: kg Inner Leg Length (distance from heel to groin in standing): cm

Leg length discrepancy: Yes No Details:

Wears Ankle or Knee Orthoses: Yes No (If yes, what type: please bring to assessment)

Vision: poor moderate normal

Cognition and safety awareness: poor moderate average

Behavioural issues:
.....
.....

Is this a request for reassessment of a previous Freedom Wheels bike? Yes No

HOW DID YOU HEAR ABOUT TAD DISABILITY SERVICES

- Community Information Service Event/expo/talk Community Awareness Officer
- Website Social media Word of mouth
- Health professional/Disability organisation Previous customer Other:

PAYER DETAILS:

- Self-funded NDIS: Reference Number:
- Insurance Company: Reference Number: Other:

All personal and sensitive information provided to TAD Disability Services is covered by our Privacy and Confidentiality Sub-Policy and Procedure and Consumer Guide which are available on our website at www.tadnsw.org.au. I understand TAD Disability Services will keep me updated about their services and I can opt-out of receiving information at any time.

By signing this form I am agreeing that I have viewed and understood the Consumer Guide and my right to Privacy and Confidentiality.

SIGNATURE: PRINT NAME:

Date:/...../..... On behalf of: (if customer unable to sign)