

## GUIDELINES FOR COMPLETING THE PROJECT APPLICATION FORM

To ensure that your application is completed promptly it is essential that all relevant contact information is included

**Client details:** This should be the person (or organisation) who is ultimately receiving the bike.

**Contact person:** Nominate the person (client/referrer/other) who will be the primary point of contact for TAD for this request.

**Referrer:** Usually the therapist who has recommended the bike for the client, but in cases where the application is self-referred, please leave blank.

**Send quote to:** Please indicate who should receive the quote. We can send a copy of the quote to more than one person. This may be useful for the information of your therapist or for funding applications.

**Language spoken at home:** Please advise if a language other than English is spoken at the client's home.

**Medical details:** Please list diagnoses, previous medical history and medications to this request. If the client has a history of seizures please provide details and any comments which may be important.

**Significant restriction in movement at hips / knees / ankles:** Please provide details on restricted or reduced leg movement which could limit the client's ability to pedal a bike.

**Recent or awaiting surgery or Botox:** Please provide details of any surgery or botox as this may change the set-up of the bike or limit the client's ability to ride.

**Client identified goals:** Please include the specific client goals that the Freedom Wheels bike aims to achieve. E.g. exercise, participation in family activity, riding to school

**Transfer ability:** The client's ability to transfer (i.e. how the client gets on and off a chair) provides information on the level of support which will be required to get on and off the bike.

**Current mobility:** The client's current mobility can provide information on the level of support on the bike and whether a bike will be suitable for the client.

**Other information:** This information will provide specific details on the possible requirements of the bike or potential issues to be aware of during an assessment. E.g. unable to maintain balance when riding bike, difficulty with pedalling, has weak grip on left hand.

**How did you hear about TAD Disability Services?** Please indicate most appropriate option.

**Payer details:** Please provide details on who will be covering any costs for the project.

**Privacy:** A copy of this document are available on our website, or we can send one to you if requested. If the client is unable to sign, you may sign on his/her behalf as long as that is noted.

Please note that the completion of an Application Form does not guarantee that it will be possible to proceed with a Freedom Wheels bike.