



Application for a Mobility Scooter

Name:.....

Address:.....

Contact details:.....

Reason for the application – please explain how having a mobility scooter will improve your quality of life

When will you use your vehicle?
*Outdoors only/Indoors only/Both

Where do you intend to store your scooter when not in use?

Do you have any medical conditions that affect your mobility? – please list

Please explain how your mobility is affected

Do you have any sensory disabilities? (sight or hearing loss) – please list

Please provide details of the Scooter you wish to obtain

Make and Model no:

Class: two or three

Size: width/length/height

Weight:

Any accessories: Rain covers/shopping baskets

Insurance cover details:

If permission is not given, how will this affect your ability to maintain your independence?

I have read and understand the mobility scooter guidance leaflet and accompanying letter and agree to the terms and conditions of use and storage of a mobility scooter. I understand that I must not purchase a vehicle until written permission is granted.

Signed.....

Dated.....