



**FREEDOM WHEELS
APPLICATION FORM**

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



Please fill in as many details as possible, if you need help please call us on 1300 663 243.

Freedom Wheels Rider:

First Name:

Surname:

DOB: F M

Address:

Phone:

Mobile:

E-mail:

MAIN CONTACT PERSON: Title:

First Name:

Surname:

Relationship:

Organisation *(if applicable):*

Address:

Phone:

Mobile:

E-mail:

REFERRER: Title:

First Name:

Surname:

Job Title or Role:

Organisation:

Address:

Phone:

Mobile:

E-mail:

PAYER DETAILS:

Self-funded NDIS: Reference Number: Other:

Language spoken at home:

Are you of Aboriginal or Torres Strait Islander heritage?

No Yes, Torres Strait Islander
Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander

Tell us about your child's health:

Health conditions:

Relevant medical history (e.g. seizures, behaviours of concern):

Allergies:

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)*

Has your child had or are they awaiting surgery or botox? Details:

Does your child have any pain or restrictions when moving their legs?



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When your child gets in and out of a chair they do so:

without assistance with **low to moderate** assistance with **full assistance**

My child gets around by:

Walking independently

Walking with equipment:

Using a wheelchair:

Please select: Manual Powered Self-propelled Attendant propelled

Postural Supports: headrest pelvic belt harness trunk support other

OTHER INFORMATION:

Has your child ever ridden a bike? Yes No

If so, how did it go?

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

HOW DID YOU HEAR ABOUT TAD?

Event/expo/talk	Community Awareness Officer – Chris Tynan	Email
Web	Social media	Word of mouth
Health professional/Disability organisation	Other:	Previous customer

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

I have viewed and understood the Consumer Guide and my right to Privacy and Confidentiality.

I understand and agree to the above terms and conditions

SIGNATURE:

PRINT NAME:

Date:

On behalf of: