



## Freedom Wheels Form

To book a Freedom Wheels trial please return this form to [info@freedomwheels.org.au](mailto:info@freedomwheels.org.au).

### Freedom Wheels rider

First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Contact person

First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Relationship to rider: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Therapist

First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Your therapist is most welcome!

If you'll be using NDIS funding there's a form your therapist needs to complete. Having them come along to the trial helps.

### Payer details

NDIS Reference no.: \_\_\_\_\_ Privately funding \_\_\_\_\_ Other funding \_\_\_\_\_

### About you

#### Are you of Aboriginal or Torres Strait Islander heritage?

Yes Aboriginal \_\_\_\_\_ Yes Torres Strait Islander \_\_\_\_\_ Yes both \_\_\_\_\_ No \_\_\_\_\_

Language/communication  
spoken at home: \_\_\_\_\_

Do you need an  
interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_

Please share any relevant medical information (eg. Conditions, seizures, allergies, uses walking frame/wheelchair, recent surgery, botox, behaviours of concern etc):

### Policies

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 [tad.org.au](http://tad.org.au). I understand TAD will keep me updated about their services and I can opt-out of receiving information at any time.

By submitting this form, I understand and agree to the above.

Name of person submitting form: \_\_\_\_\_ Date: \_\_\_\_\_