



Freedom Wheels Form

To book a Freedom Wheels trial please return this form to info@freedomwheels.org.au.

Freedom Wheels rider

First name: _____
Surname: _____
DOB: _____
Address: _____
Phone: _____
Email: _____

Contact person

First name: _____
Surname: _____
Relationship to rider: _____
Address: _____
Phone: _____
Email: _____

Therapist

First name: _____
Surname: _____
Position: _____
Organisation: _____
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. 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: _____