



# 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	Contact person
First name: _____	First name: _____
Surname: _____	Surname: _____
DOB: _____	Relationship to rider: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Gender: _____	

**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.: \_\_\_\_\_ NDIS Plan end date: \_\_\_\_\_

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

**Diagnosis:** \_\_\_\_\_
 **Height (cm):** \_\_\_\_\_
 **Weight (kgs):** \_\_\_\_\_

**How do you get around?**
 Independently
  Walking frame
  Wheelchair

**Any other information:**

\_\_\_\_\_

**Policies**

All personal and sensitive information provided to TAD is covered by our Privacy and Confidentiality Sub-Policy and Procedure which are available on our website at [freedomwheels.org.au](http://freedomwheels.org.au). I understand my local TAD Australia member 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: \_\_\_\_\_