

## **Changing Places Toilet Application Form**

This application form should be completed with the details of the disabled person and their carer(s). Please complete all sections that apply.

Details of the disabled person who will be assisted when using the Changing Places Toilet:-

Surname /		Circle as appropriate:		
Family Name:		Mr / Mrs / Miss / Ms / Other		
First Names:		Also known as:		
Address:				
Post code:	Date of birth			
T OSt Code.	Date of birtin			
Phone number:	Email address			
Health and Safety: -				
1. Please confirm that the disable	d person weighs less than 200	0 kilos/ 32 stone (maximum		
weight carried by the hoist)		<u>_</u>		
Yes	No			
2. In an emergency situation, car	the person or carer (s): -	Jiodh W		
Strike a button on a lifeline-style		CALL		
Yes	No			
100	140	CALLAID UK NG4 3Nc		
Talk to control room staff via the	ntercom?			
Yes	No			
1				
Disability or impairment: -				
3. What is the nature of the person	n's disability or impairment? (I	Please tick all those which		
apply)				
Physical	Sensory in	mpairment - speech		
Learning	Sensory ir	npairment - sight		
Sensory impairment - hearing	Sensory ir	Sensory impairment - touch/ feel		
Other:		·		

If you need to provide more information please use an extra sheet of paper to send with application.

Bromsgrove District Council or Amber Services will contact you to arrange training where applicable.

## In order to access the Changing Places Toilet, we need the following information about the carer(s): -

tho our or (o).						
Surname /		Circle as appropriate:				
Family Name:		Mr / Mrs / Miss / Ms / Other				
First Names:		Also known as:				
Address:						
Post code:						
Dhana Nunahan						
Phone Number: Email address:						
Email address.						
Declaration						
By signing this, yo	ou are agreeing that: -					
<ul> <li>correct details have been given for access to the Changing Places Toilet to be provided;</li> <li>a copy of the User Manual for the Changing Places Toilet has been received, read and</li> </ul>						
• the disabled p	been explained; person and their carer(s) have been advised	to carry a mobile phone when				
<ul> <li>using the Changing Places Toilet;</li> <li>the disabled person's maximum permitted weight for the tracking hoist of 200 kgs or 32</li> </ul>						
stone;	organ and their coror(a) are aware of the am	organov procedure i a uning the				
•	erson and their carer(s) are aware of the eme ifeline system or pendant if anyone is taken ill					
•	erson and their carer(s) will ensure that the I	•				
• the disabled person and their carer(s) will update Bromsgrove District Council if any of this						
<ul> <li>information changes;</li> <li>the disabled person and their carer(s) accept that this information will be held in paper files or on a computer database for the purposes of processing this application, records</li> </ul>						
Council; and	maintenance and the collection and analysis of statistical information by Bromsgrove District Council; and					
<ul> <li>the disabled person and their carer(s) will use the equipment provided by Bromsgrove District Council in accordance with the manufacturer's instructions as Bromsgrove District Council will accept no liability for any damage to property or injury to persons arising from a failure to adhere to such instructions when operating the equipment.</li> </ul>						
Signed:		Date:				
Please sign here if you have assisted someone to complete this form.						
Signed:		Date:				

This form should be completed and returned to :-

Bromsgrove District Council, Parkside, Market Street, Bromsgrove, Worcs. B61 8DA

Tel:- Steve Godwin on 01527 881293 or email: s.godwin@bromsgroveandredditch.gov.uk

We will contact you routinely to check that the information we hold about you is correct and up to date and to ensure customer satisfaction.

This form has been issued by Bromsgrove District Council in partnership with Amber Services. The information provided will be treated in strict confidence and will only be shared between Councils and their service departments, and Amber Services for assessment and training in the use of the equipment in the Changing Places Toilet.

1. How many people	edinarily assist the	ne disabled or impa	ired person?	?
One	Two		Γhree	
2. Do the carer(s) pr	oviding assistance	understand the dis	abled persor	n's
needs?	-		•	
Yes		No		
3. Will the overhead	tracking hoist nee	d to be used?		
Yes		No		
If you have answere	d 'No' to question :	3 above, please go	to question 6	6.
Otherwise, please co	ontinue to question	14.		
4. Have the person(s	s) providing assista	ance been trained ir	the use of a	а
tracking hoist? If "No	o" training will be p	rovided.		
Yes		No		
5. Are the slings use	d Oxford compatib	ole i.e. at least four l	hoops?	
Yes	·	No	-	
6. In an emergency	situation, can the p	erson or carer (s):	_	
Strike a button on a	lifeline-style penda	int?		
Yes		No		
Talk to control room	staff via the interc	om?		
Yes		No		

For office use only

	Date	Officer Initials
Application Recorded by L&CS		
PIN issued		
Training Provided by Amber Services		

