



Changing Places Toilet registration form for care providers and care establishments

This application should be completed with the details of the care provider or establishment requesting access to the Bromsgrove Changing Places Toilet. Please complete all sections that apply.

Care provider / care establishment details : -

Name of the care provider					
or care establishment					
Name of main contact					
Address					
Main phone number					
Email address					
1. Please give the number of	carers who will assist clients within the Changing Places Toilet				
2. Please give an approximate number of clients who will use Changing Places Toilet					
3 Have all your carers / care	assistants received hoist training?				
Yes	No				
4. Are all your carers / care assistants familiar with a changing bed?					
Yes	No				
100					
5 Have all your carers / care	assistants received training in relation to cleaning the Changing Pla	CAS			
Toilet after use?	assistants received training in relation to cleaning the origing ris	1003			
Yes	No				
165					
6 Please confirm that all clier	nts who will be assisted meet the requirement that they weigh less t	han			
200 kgs / 32 stone (maximum					
Yes	No				
7. Please confirm that all clients will be assisted with an Oxford compatible sling.					
Yes	No				

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

Declaration

By signing this, you are agreeing that: -

- the correct details for access to the Changing PlaceToilet have been given;
- a copy of the User Manual has been received, read and understood by all staff who will be accessing the Changing Places Toilet ;

- all those who will be using the Changing Places Toilet are aware of the emergency procedure, i.e. using the Bromsgrove Lifeline system or pendant if anyone is taken ill or injured;
- all those who will be using the Changing Places Toilet are fit and able to assist clients for whom your organisation is responsible when using Changing Places Toilet;
- all those who will be using the Changing Places Toilet are aware that carers are recommended to have received manual handling training;
- all those who will be using the Changing Places Toilet are aware that carers are recommended to carry a mobile phone with them when using the Changing Places Toilet
- all those who will be using the the Changing Places Toilet will ensure that the PIN code is kept secure and not shared with anyone else;
- the care provider/ establishment will update Bromsgrove District Council if any information provided here changes;
- the care provider/ establishment accept that this information will be held in paper files or on a computer database for the purposes of processing this application, records maintenance and the collection and analysis of statistical information by Bromsgrove District Council; and
- the care provider/ establishment 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 equipment.

Signed:	Date:
Position in organisation :	

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

This form should be completed and returned to :-Bromsgrove District Council Parkside Market Street Bromsgrove Worcestershire B61 8DA Telephone 01527 881293 for general enquiries.

For further information about toilet facilities in Bromsgrove Town Centre contact :-

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

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

For office use only

	Date	Officer Initials
Application Recorded by BDCFM		
PIN issued		