

Other





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.

Detai	Is of	the c	lisab	led p	erson w	ho w	ill be	assis	ted \	when u	sing t	he C	hang	ging Pla	ces	Toilet:
Surna	ame i	/ Fam	nily na	ame												
Title	(Plea	se tic	k as	appro	opriate)	Mr		Mrs		Miss		Ms		Other		
First	name	es								Also I	known	as				
Address																
Date of birth			Phone number													
Emai	l add	ress														
Healt	h an	d Saf	ety:													
1. Please confirm that the disabled person weighs less than 200 kilos/32 stone (maximum weight carried by the hoist) (Please tick as appropriate)										ım						
Yes		No														
2. In	2. In an emergency situation, can the person or carer(s):															
					e-style					,			-	6	Calla	
Yes		No											d	CALL		
Talk t	o cor	ntrol r	oom	staff	via the i	nterc	om?						6	CALL AID UK		
Yes		No														
Disability or impairment:																
3. What is the nature of the person's disability or impairment? (Please tick all those which apply)																
Phys	ical							Senso	ry ir	npairm	ent - s	pee	ch			
Learr	ning							Senso	ry ir	npairm	ent - s	ight				
Sens	ory ir	mpair	ment	- hea	aring			Senso	ry ir	npairm	ent - to	ouch	/ fee	el .		

If you need to provide more information please use an extra sheet of paper to send with this application. Bromsgrove District Council or Amber Services will contact you to arrange training where applicable.

the carer		ess the C	manging	g Plac	es i	onet,	we n	eea tne	e toli	OWIN	g in	IOIIII	ation	ıab	out
Surname	/ Famil	y name													
Title (Plea	ase tick	as appro	opriate)	Mr		Mrs		Miss		Ms		Othe	r		
First name	es							Also k	nown	as					
Address															
Phone nu	mber							'							
Email add	dress														
Declaration By signing	this, yo	_				to the	. Cha	nging F	Dlaco	c Toill	ot to	ho n	rovid	lod	
Correct of A copy of understood	of the U	ser Manı	ual for th					0 0				•			
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 The disa 	•			•		•			•			•			
 The disa Bromsgr 	-	erson and eline sys		` '					_		ced	ure i.e). usi	ing	the
 The disa shared v 	-			arer(s)) will	ensur	e that	the PII	N cod	de is l	kept	secu	re ar	nd n	ot
 The disa informati 	-		d their ca	arer(s)) will	updat	e Bro	msgrov	e Dis	strict (Cou	ncil if	any	of th	nis
• The disa on a con and the	nputer (database	for the p	purpo	ses o	of proc	essin	g this a	applic	ation	, rec	ords	main	nten	ance
The disa District C Council v failure to	abled pe Council will acc	erson and in accord ept no lia	d their ca dance wi ability for	arer(s) th the any o) will mar dama	use th nufacto ige to	ne equ urer's prope	uipment instruc erty or i	t prov tions njury	/ided as B to pe	by E rom	Broms sgrov	grov e Dis	/e stric	ct
Signed								Da	ate						
Name															
Please sig	gn here	e if you h	ave assi	isted	some	eone t	o con	nplete	this f	orm.					
Signed								Da	ate						
Name															

This form should be completed and returned to: changingplaces@bromsgrove.gov.uk
Alternatively post to:

Bromsgrove District Council, Parkside, Market Street, Bromsgrove, Worcs. B61 8DA Telephone 01527 881293 for general enquiries.

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.

To view the Bromsgrove District Council privacy policy, please visit www.bromsgrove.gov.uk/privacy-policy

1. Ho	w many	people	ordinari	ly assist	the disa	abled or in	npaired person?
One		Two		Three			
ı	the care	` ' .	viding a	assistanc	e unde	rstand the	disabled
Yes		No					
3. Wil	I the ove	erhead t	racking	hoist ne	ed to be	e used?	
Yes		No					
1 -				question e to ques		/e, please	go to question
1		•	, -	ing assis ing will b			ed in the use of a
Yes		No					
5. Are	the slin	gs used	d Oxford	d compat	ible i.e.	at least fo	our hoops?
Yes		No					
6. In a	an emer	gency s	ituation	, can the	person	or carer (s): -
Strike	a button	on a lif	eline-st	yle penda	ant?		
Yes		No					
Talk to	control	room st	taff via t	he interc	om?		
Yes		No					
FOR O	FFICE U	SE ONL	Y		Date		Officer initials
Applic	ation red	corded I	by BDC	FM			
PIN iss	sued						

Training provided by Amber Services