

WHEELCHAIRS FOR THE WORLD OFFICIAL APPLICATION FORM

To apply for a wheelchair, a representative of the applicant needs to complete and return this application form. The representative of the applicant must be a responsible adult such as a Social Worker, Health Professional, Missionary, Priest or Teacher.

Please also enclose a few pictures of the proposed applicant with this application form.

Details of the Applicant requesting a wheelchair:

Title.....First Name.....Last Name.....

Address.....

.....Postcode.....

Telephone Number.....Mobile.....

Email.....Gender.....Age.....

Disability.....

Date of Application.....Signature of applicant.....

Short history of how the disability occurred:

How the wheelchair would benefit the user

APPLICANTS DOCTOR

Title.....First Name.....Last Name.....

Address.....

.....Postcode.....

Telephone Number.....Email (write clearly).....

Date of Application.....Signature.....

By signing above, you are legally verifying that you are the applicant's doctor and that all details on this application form are genuine and that the applicant would benefit from a wheelchair provided by "Wheelchairs For The World"

APPLICANTS REPRESENTATIVE

Title.....First Name.....Last Name.....

Address.....

.....Postcode.....

Telephone Number.....Email (write clearly).....

Occupation.....

Date of Application.....Signature.....

As a representative of the applicant you will need to copy the following statement in your own handwriting in the space provided below:

"Yes! I (insert your name) verify and certify that the applicant contained on this application form is genuine and would benefit from a wheelchair supplied by Wheelchairs For The World"

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Please provide the name, address and phone number of one referee who has known you for a minimum of 2 years:

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If you have any further comments we need to be aware of please highlight these below:

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Please return this application form to:

WHEELCHAIRS FOR THE WORLD

1 Waveney, Hemel Hempstead, Herts, HP2 6DQ, United Kingdom