

Handover Certificate & Conditions Of Loan For Manual Wheelchairs

Patient name:		NHS number:	
Manual chair Model:			
Manufacturer's serial No:		PUK Number of chair:	
Cushion issued:		PUK Number of cushion:	
Postural accessories issued:			

The wheelchair service staff member has carried out / demonstrated the following:

	Tick to confirm:
1. Set up camber of wheels, footrest height, seating, positioning the client in the chair, as appropriate to the individual	<input type="checkbox"/>
2. How to collapse and fold the wheelchair How to take the wheels off and put back on How to fold the backrest	<input type="checkbox"/>
3. How to operate the brakes	<input type="checkbox"/>
4. How to adjust the height of the footplates and backrest	<input type="checkbox"/>
5. How to release and replace the armrests	<input type="checkbox"/>
6. Basic safety: how to enter and leave the wheelchair, with brakes engaged and not to stand on footplates	<input type="checkbox"/>
7. How to clamp in a vehicle (where applicable)	<input type="checkbox"/>

I, the client / representative have been advised of the following

	Tick to confirm:
1. To read the user manual carefully, which I have received today	<input type="checkbox"/>
2. To read the conditions of loan that I have received today	<input type="checkbox"/>
3. To insure the chair appropriately	<input type="checkbox"/>
4. That using the chair with the anti-tip bars (where fitted) pointing upwards or removed completely, could result in injury	<input type="checkbox"/>

Client / Representative:			Tick to confirm:
I have had demonstrated to my satisfaction the wheelchair detailed above and 1. I am happy that it has been set up appropriately for myself / the client 2. I understand and accept the information on the loan agreement			<input type="checkbox"/>
I have had demonstrated the wheelchair detailed above, but the issues noted below are still to be resolved. I am happy for the wheelchair to be left in the meantime.			<input type="checkbox"/>
I indemnify the wheelchair service staff and their representatives from any damage that may be caused to myself, a third party or property whilst I am using this wheelchair and I understand that it is my responsibility for insuring against these risks. I agree to use the wheelchair as directed and understand that it is for the use of the named person on this form only and cannot be transferred to a third party.			
Signature of client / representative:		Date:	
I have had demonstrated the wheelchair detailed above and will take responsibility for informing other members of staff as to the set up and use of this piece of equipment (if appropriate)			
Signature of staff member (if appropriate)		Date:	

Wheelchair Service Staff Member:			Tick to confirm:
I am happy that the wheelchair has been cleaned, set up appropriately and safely for the individual and can be left with the client.			<input type="checkbox"/>
The following items still need to be fitted/adjusted but the wheelchair can be safely left for the client to use:			
Alterations / parts required:			
Signature of staff member		Date:	

			Tick to confirm:
Alteration completed:			<input type="checkbox"/>
Signature of staff member:		Date:	

Risk Consideration Form:		Tick if considered:	Details:
RM1A*	Occupied wheelchairs during transportation in vehicles	<input type="checkbox"/>	
RM1B	Stability of mobility system	<input type="checkbox"/>	
RM1C	Skin integrity and pressure management	<input type="checkbox"/>	
RM1D	Adapting and combining equipment beyond the manufacturers intended use, including custom contoured seating and custom made equipment	<input type="checkbox"/>	
RM1E	Wheelchair controls	<input type="checkbox"/>	
RM1F	Positioning	<input type="checkbox"/>	
Other risk considerations:			
Signature of staff member		Date:	



Date of handover:	
Equipment:	

CONDITIONS OF LOAN FOR MANUAL WHEELCHAIRS

Delivery Advice - The equipment that you have received is safe, clean and in good working order. You will be required to sign the handover certificate confirming receipt of the equipment and of this document. Please contact us using the details below if ever you feel the equipment is no longer suitable or you have a problem using it.

Wheelchair Maintenance - For your safety and so that it may continue to meet your care needs, it is essential that the wheelchair is kept well maintained and in a clean condition. Please follow the manufacturer's guidelines detailed in the handbook you have been given with this wheelchair.

Should any fault occur (however minor) you should contact us immediately on 0808 169 1040

As part of the conditions of loan of this equipment, it is the responsibility of the user, or their family/carer to ensure that the wheelchair is kept safe and to arrange for a repair or review if needed.

The equipment belongs to the NHS and is loaned to you on the following conditions:

- It must be stored in a safe place whilst not in use, protected from damage at all times, and **not** left unattended in a public place or in any location where it may be vulnerable to theft
- In the event of loss, damage or theft where the user or their carer is found to be at fault, the cost of replacing or repairing the equipment will be recovered from them or their insurance company; where fraud is suspected, details will be passed to the NHS Counter Fraud Service
- You must **not** dispose of, or pass the equipment onto another person; you must let us know immediately if you have no further use for it
- The wheelchair must not be used for sports activities or track events without our agreement
- The equipment must be kept clean and in good working order
- Posture/safety belts fitted to the wheelchair must be fastened safely, correctly and appropriately
- You must not have the wheelchair altered or have any attachment fitted to it without our agreement
- If you take the wheelchair abroad for a short time you must pay the cost of any damage, loss or repair during travel and whilst outside of the United Kingdom; we advise that you arrange appropriate insurance cover
- The equipment must be returned, or given up for repair as soon as we request you to do so

You must let us know immediately if:-

- The equipment is involved in an accident, is lost or damaged
- You change your address or intend to emigrate
- You no longer need the equipment.

If you have any queries please contact the wheelchair service using the details below.

NEL Wheelchair Service – Manual Handover Form	DocID:	Version	Created by:	Created on:	Last review:	Last review by:	Due for review:
		1.0	N Robson	06/2017	06/2017	N Robson	06/2017

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