**Terms & Conditions of Loan**

**(Copy to be left with service user, copy required for AJM Healthcare record)**

**Service user:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NHS number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment being issued:**

|  |  |
| --- | --- |
| Wheelchair: | |
| Manufacturer: | Model: |
| Serial number: | Asset number: |
| Size: | Value: |
| Cushion manufacturer / model: | |
| Size: | Value: |
| Accessories (detail and value): | |

Safety is our priority with regard to the use of your wheelchair and accessories, therefore please read the information below. By signing this document, you are agreeing to our Terms and Conditions of Loan.

All equipment issued by the Wheelchair Service remains the property of the National Health Service (NHS) and is loaned to you under the following conditions.

**Section 1 – service user responsibility**

* Your details are automatically shared with our database providers, Soft Options
* The wheelchair is for your use only and must not be used by anyone else, or for any other purpose other than that for which it was provided
* It is your responsibility to use the equipment safely as instructed by the wheelchair service and the manufacturer’s user manual
* The equipment must be kept clean (eg. wipe with damp cloth) and maintained in good order
* Any faults or problems should be reported to AJM Healthcare for repair
* No alterations or attachments may be made to the equipment without prior agreement from the wheelchair service. This includes the fitting of third party equipment such as power packs, trikes etc, which may invalidate the manufacturer’s warranty; in situations where this is done without prior consent from the wheelchair service, the wheelchair may be removed permanently and any subsequent repair costs passed on to the service user
* If you have a powered chair, you must look after the battery as shown in the instructions given with the chair; good ventilation is needed when charging the battery to avoid a build-up of harmful gases
* It is advisable that you inform your home insurers to amend your policy to include the wheelchair and accessories or alternatively take out insurance to cover your wheelchair and accessories
* If the equipment is no longer required, for any reason, you must inform the wheelchair service, and arrangements will then be made for it to be collected; it **must not** be disposed of in any other way or given to anyone other than the wheelchair service (including someone who may otherwise meet our criteria for loan)
* The wheelchair service has the right to withdraw the wheelchair in the event of negligence, unsafe use or misuse; this includes occasions when the wheelchair service considers that the service user’s condition has deteriorated to a point where they are no longer safe, either to themselves or others, whilst using the wheelchair
* You **must inform** the wheelchair service immediately if any or the equipment is:
  + Lost or stolen
  + Involved in an accident
  + Damaged
* You must also inform the wheelchair service if you change your address; if you move out of area (within the UK) your equipment may be taken with you; please inform us of your forwarding address so that we can transfer your notes to your new wheelchair service
* You must also inform the wheelchair service if you move into a nursing or residential home
* You must also inform the wheelchair service if you intend to leave the country for any period of time exceeding 90 days
* If you take the equipment oversees on holiday you are advised to take out insurance, as you will be responsible for the cost of any loss, damage or repairs incurred abroad; it may be preferable for you to hire a wheelchair solely for use abroad
* If you are moving abroad permanently, you are not entitled to take the wheelchair and associated equipment with you; please discuss your individual circumstances with the wheelchair service
* If you are travelling within the UK for a short break, before leaving please call the local wheelchair service at your holiday destination for details of their local approved repairer, in case you require assistance with repairs while you are away; repairs carried out within the UK should not result in costs to you, so long as they are carried out by recognised NHS approved repairers contracted to the local wheelchair service

**Section 2 – repairs**

Where repairs are required for the wheelchair on loan to you from the NHS, please contact us:

AJM Healthcare Building

Alfreton Road

Derby

DE21 4AP

Tel: 0808 169 8747

[derbyshire@ajmhealthcare.org](mailto:derbyshire@ajmhealthcare.org)

**Hours of work:**

08:00 to 18:00 Monday to Friday

**Repair service available:**

An out of hours emergency facility operates outside of core weekday hours between 18:00 and 22:00. The weekend emergency cover operates between the hours of 08:00 and 22:00, inclusive of bank holidays.

* The wheelchair and associated equipment must not be repaired by anyone other than AJM Healthcare
* The wheelchair service is only responsible for repairs relating to normal wear and tear of your equipment
* AJM Healthcare is not responsible for costs of repairs which are the result of misuse or negligence
* AJM Healthcare will come to your home or other appropriate venue (day centre, school, etc,) to carry out repairs
* If your wheelchair needs to be removed by AJM Healthcare for completion of repairs at the service centre, we may be able to provide you with a temporary replacement wheelchair; this wheelchair will only be a standard model and will not necessarily be the same model or size as your own issued wheelchair

**Planned preventative maintenance:**

If you have an Electrically Powered Indoor or Indoor/Outdoor wheelchair (EPIC or EPIOC), AJM Healthcare are required to carry out an annual service on the chair and charger. You will be   
contacted to make arrangements for this. Refusal to comply with this maintenance plan may   
result in your powered chair being withdrawn.

**SPECIFIC INSTRUCTIONS FOR USE**

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*I agree to accept the wheelchair prescribed for me by the wheelchair service, under the conditions of loan described above.*

Signed by service user or family / carer:

Name (please print):

Signed of AJM Healthcare representative:

Name (please print):

Date: