



User Number: N

SHOPMOBILITY HIGHLAND REGISTRATION FORM

User Details

Name:

Address:

Post Code:

Home Telephone:

Mobile Number:

Contact Person Details

Name:

Address:

Post Code:

Home Telephone:

Mobile Number:

This information is purely for statistical purposes only: *Please circle appropriate age group*

Under 16 16-35 36-60 61-80 80+

I have/have not suffered an epileptic seizure in the last 12 months (*Please delete as appropriate.*)

INSURANCE

I confirm that as far as I am aware I do not have a physical or mental condition which would impair my ability to operate the equipment which is to be lent/hired to me by Shopmobility Highland and that I have not been advised by General Practitioner or usual assessor of any physical or medical condition which could affect my ability to operate the said equipment.

If you have been advised by your doctor or qualified assessor of a physical or medical condition which would render you unfit to operate the equipment in question, then we regret insurance cover cannot be provided.

EQUIPMENT GUIDELINES

I have read and understood the instructions and guidelines shown to me regarding use of any equipment supplied by Shopmobility Highland.

USER'S SIGNATURE _____ **DATE** _____

For office use only: Card Computer Paid New Re-reg