

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

Address all correspondence to: The General Manager, PO Box 42, Nowra, NSW, Australia, 2541

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Name of Applicant/Carer	
Name of User (if different to above)	
Street Address	
Postal Address	
City/Town and Postcode	
Telephone	
Mobile Phone	
Driver's Licence No / Pension Card No.	
Date required	
Time required	
Resident or Visitor (please circle)	Resident Visitor

I.....
Print full name

of.....
Permanent address

Town/City..... Postcode.....

Telephone No.

.....
Temporary Shoalhaven address if visitor

hereby agree to indemnify FundAbility, Shoalhaven City Council, the relevant site Surf Lifesaving Club/ Holiday Haven Tourist Park and Greville's Corner Store against all claims directly or indirectly arising from, or incurred in connection with, damage to or loss of property, or injury, arising from the use of the Beach Wheelchair whilst in my care.

I acknowledge that I have read and understood the Conditions of Use and Safety and Handling forms and will abide by all requirements.

I confirm that the information supplied above is true and correct and I agree to this indemnity agreement.

Signature..... Date.....

Privacy Notification: The information on this form is being collected by Council for administrative and assessment purposes. It will be used by Council staff and other organisations for the purpose mentioned and may be included on a public register. Personal information contained on this form will be displayed on Council's website as required by the GIPA Act 2009. Persons identified on this form may at any time, apply to Council for access or amendment of the information.

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OFFICE USE ONLY	
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Safety Procedure Checklist

Complete *prior to use of the beach wheelchair*.

Have you and your carer: (please tick)

- read and understood the wheelchair safety procedures
- been provided with a demonstration on how to use the wheelchair
- checked park brake release and park brake engage
- checked how to adjust arm and foot rest
- checked back rest adjustment, seat belt harness
- noted the low water instructions
- provided an approximate time to return the beach wheelchair
- noted **pickup and return site** contact number in case of unexpected issues or emergency