Please return to: Support Services Team, MND Association

Email: [support.services@mndassociation.org](mailto:support.services@mndassociation.org)

Tel: 01604 611802

**Office use:**

Date received:

Date acknowledged:

Decision & date:

Date actioned:



**APPLICATION FORM - REQUEST FOR RISER RECLINER CHAIR LOAN**

**\*NORTHERN IRELAND\***

Please email completed form to [support.services@mndassociation.org](mailto:support.services@mndassociation.org)– all questions are mandatory (see Appendix A for exception). Ensure that all supporting documentation (chair dimension sheet) and information is provided as incomplete applications forms will result in the request being delayed whilst further clarification/information is requested.

Please note the MND Association cannot use its resources to replace statutory responsibilities. In completing this application form, health and social care professionals should include supporting documentation demonstrating efforts made to secure statutory provision. In signing this application form the professional confirms every effort has been made to seek statutory and other appropriate resources.

1. **DETAILS OF PERSON WITH MND**

|  |  |
| --- | --- |
| **Title** Mr/Mrs/Ms/Miss/Mx/Other/No title  **First Name**  **Surname** | **Gender**  Male  Female  Non-Binary  Trans  Other |
| Date of birth | Date of diagnosis |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A) |
| NHS Number (if known) | Ethnicity (see Appendix A) |
| Address  Postcode | Preferred contact name and method for queries relating to this application: -  Name……………………………………………….  …Telephone  …Email |
| E-mail address |
| Telephone |

1. **DETAILS OF REQUESTING PROFESSIONAL**

|  |  |
| --- | --- |
| Name of requesting professional: | Job title: |
| Address  Postcode | Preferred contact method for queries relating to this application: -  …Telephone  …Email  Normal working hours when you can be contacted:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail |
| Telephone |
| Contact name and telephone/e-mail of a colleague who can be contacted if you are unavailable:  Name……………………………………………….  …Telephone  Email ……………………………. |

**3. DETAILS OF EQUIPMENT LOAN REQUEST**

|  |  |
| --- | --- |
| Detail what attempts have been made to secure the Riser Recliner Chair from the statutory services | |
| Reason why this need cannot be met by statutory services | |
| If Riser Recliner Chairs are available from statutory services but there is a waiting list, please state the date the equipment is likely to be available.  Date: | |
| **Delivery for equipment:**  Address  Postcode | Any other relevant information i.e., access to the property: |
| **Please complete enclosed chair dimension sheet on behalf of the person with MND** | |

**6. STATEMENT BY THE REFERRING PROFESSIONAL**

|  |  |
| --- | --- |
| *If this application is approved, I understand that, unless otherwise agreed with the support services team:*   * Where appropriate, it is my responsibility to continue to pursue funding from statutory services * I have undertaken due diligence and can confirm that the equipment or service for which I am applying for funding was suitable at the time of assessment * It is the responsibility of my service to monitor and assess the ongoing needs of the person with MND in relation to this application,where clinically indicated   I also confirm the following: -   * **All questions have been answered** * **Chair dimension sheet is complete** * **Confirmation of statutory service request and outcome is included** | |
| **Signed:** | **Date:** |

**DATA PROTECTION STATEMENT**

|  |  |
| --- | --- |
| Has the person with MND consented to this application and the sharing of their contact details?  **Yes**  **No**  The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact we will follow these, if not, we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on [support.services@mndassociation.org](mailto:support.services@mndassociation.org)  Please see our privacy policy on our website [www.mndassociation.org](https://www.mndassociation.org/) for full details of how we use your information. | |
| **Signature of person with MND:**  *(Professional can sign on person’s behalf)* | **Date:** |

**Appendix A**

This information is not mandatory and is used anonymously to help us determine to what extent different communities are and are not using our services or engaging with us and most importantly to then identify and remove barriers to participation. We are committed to becoming a fully inclusive organisation.

**Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| A - White | English / Welsh / Scottish / N Irish / British | A01 |
|  | Irish | A02 |
|  | Traveller | A03 |
|  | Any other white background | A04 |
| B - Mixed / multiple ethnic groups | White and Black Caribbean | B01 |
|  | White and Black African | B02 |
|  | White and Asian | B03 |
|  | Any other mixed / multiple background | B04 |
| C - Asian / Asian British | Indian | C01 |
|  | Pakistani | C02 |
|  | Bangladeshi | C03 |
|  | Chinese | C04 |
|  | Any other Asian background | C05 |
| D - Black / African / Caribbean / Black British | African | D01 |
|  | Caribbean | D02 |
|  | Any other Black / African / Caribbean background | D03 |
| E - Other ethnic group | Arab | E01 |
|  | Any other ethnic group | E02 |
| F | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
|  | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |

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CHAIR DIMENSIONS SHEET

**Dimensions Required:**

As we have various sizes of chairs please complete the details below and return to us as soon as possible to enable us to ascertain which chair to supply. Please state actual dimensions and select preferred chair options.

**Approximate Height: Approximate Weight:**

**Dimensions in inches:**

1

2

3

4

**1. Floor to seat height:**

The correct seat height can be calculated by measuring the distance from the floor to the

crease at the back of the knees. When seated, the hips and knees should be at right

angles whilst the person’s feet are flat on the floor. (Remember to wear usual footwear)



Select option: 16” 18” 20”

**2. Seat front to back:**

To calculate the correct seat depth, measure the distance from the back of the hips, along

the thighs to approximately 1½” behind the back of the knees. When seated you should be

able to place two fingers between the edge of the seat and the back of the knees.

Select option: 18” 20”



**3. Seat to top of head:**

From rear of seat level to top of head to protect head in chair recline.



Select option: 30” 33”

**4. Seat width inside arms:**

The correct seat width should be the width of the person’s hips plus a clenched fist on the either side (approximately 3”)



Select option: 18” 20”

Convertor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Inches | 16 | 18 | 20 | 30 | 33 |
| Millimetres (approx) | 400 | 450 | 500 | 760 | 840 |

**Motor Options:**



Single Motor Tilt-in-space 2 way: Dual Motor 4th position:

**Any other comments**

The request will be placed on our waiting list and processed as soon as possible. If there is likely to be a problem (for instance - unusual requirements) we will contact, you by phone to discuss. We cannot guarantee to match the dimensions exactly but will supply a chair as close to those given as possible.

Please ensure the application form and chair dimension sheets are completed in full and sent to: [support.services@mndassociation.org](mailto:support.services@mndassociation.org), or

Support Services Team

Motor Neurone Disease Association

Francis Crick House

6 Summerhouse Road

Moulton Park

Northampton

NN3 6BJ