

## #StayInWorkOut WheelPower Workout Equipment Fund Resistance Bands

Please read the guidance notes in full to ensure you are eligible to apply

Applicant name		
Telephone number		
Email address		
Date of birth		
Age		
Gender		
Address		
	Postcode	
Delivery address: (if different to above)		
Name of medical condition or impairment		
Please provide one of the following to support your application	Evidence of receiving a disability benefit	
	A copy of blue badge	
	A letter from GP/healthcare professional	
How did you hear about the scheme?		

### Keeping in touch

We would love to keep you posted with our news, events, activities and appeals. Your details will only be used by WheelPower – we will never give your information to other organisations to use for their own purposes. You are free to change your mind at any time. Please indicate if you would be happy for us to contact you by:

Email

Phone

Text

### Additional Information

- **Do not apply** if you have an allergy to latex
- Applicants must be fit enough to undertake the activity for which the equipment is used and should seek medical advice from your GP or healthcare professional before undertaking any activity
- WheelPower provides the equipment for use by the participant only in the recommended way in which it is meant to be used
- We will always store your personal details securely. We'll use them to provide the service that you have requested, and communicate with you in the way(s) that you have agreed to. Your data may also be used for analysis purposes, to help us provide the best service possible. We will only allow your information to be used by suppliers working on our behalf and we'll only share it if required to do so by law. For full details see our Privacy Policy at [www.wheelpower.org.uk/privacy](http://www.wheelpower.org.uk/privacy)

**Return your completed application form by email to: [bands@wheelpower.org.uk](mailto:bands@wheelpower.org.uk)**