

#StayInWorkOut WheelPower Workout Equipment Fund Resistance Bands

Please complete **ALL** fields. We will not be able to process your application unless the form is completed in **FULL**. Please read the guidance notes in full to ensure you are eligible to apply

Applicant name		
Telephone number		
Email address		
Date of birth		
Address		
	Postcode	
Delivery address: (if different to above)		
Name of medical condition or impairment		
What is your gender identity?		
Name of spinal unit (if applicable)		
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?		

Additional Information

- By completing this form you are agreeing to sign up to mailings from WheelPower which contain information about our events and programmes, information on how you can lead an active life and other ways to support the charity.
- **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 will 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 will only share it if required to do so by law.
- For full details see our Privacy Policy at www.wheelpower.org.uk/privacy

Return your completed application form by email to: bands@wheelpower.org.uk