MDH Mobility Scooter Storage and Charging Permission Request Form

For Residents of Council-Owned Flats and Communal Areas

# Section 1 – Applicant Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant the tenant or a household member?
☐ Tenant   ☐ Household Member

# Section 2 – Property Details

Which floor is your flat situated on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Permission will not be granted if your flat is above the ground floor)

Does the block have level access to get to your front door?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend to use the lift to move the mobility scooter to your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Permission to store a mobility scooter will not be granted where its use necessitates travel in a lift to access the property

Where in your property do you intend to store and charge your mobility scooter?\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2 – Mobility Equipment Details

Type of equipment:
☐ Class 1 (Manual wheelchair – no permission required)
☐ Class 2 (Powered wheelchair/scooter ≤4mph, ≤113.4kg)
☐ Class 3 (Not permitted – do not proceed)

Make and Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dimensions (L x W x H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight (unladen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended use:
☐ Indoors only   ☐ Both indoors and outdoors

# Section 3 – Storage Request

Where do you intend to store the equipment?
☐ Inside your flat/home
☐ In an external private storage space (e.g. garage, shed)
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Storage in any internal or external communal area is prohibited.

# Section 4 – Charging Request

Do you intend to charge the equipment in your home?
☐ Yes   ☐ No

If yes, you must provide:

- PAT certificate (attached): ☐ Yes ☐ No (must be submitted annually)

- Confirmation that you will only use the original manufacturer’s charger:
 ☐ Yes  ☐ No

# Section 5 – Insurance Declaration

Do you hold current public liability insurance for this equipment?
☐ Yes  ☐ No

(You must provide proof of insurance annually.)

# Section 6 – Declarations

☐ I understand that storage and charging permission is granted entirely at my own risk.

☐ I will not store or charge the mobility scooter in any communal area.

☐ I will comply with all safety and manufacturer guidelines.

☐ I will not pass cables through windows or doorways to charge the scooter.

☐ I understand that permission may be revoked if conditions are not met.

☐ I agree to submit updated PAT and insurance certificates annually.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Assessment Outcome:
☐ Approved  ☐ Refused

Comments/Conditions:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_