

#### When to use this form

Use this form if you cannot submit this request using EnableNSW Online.

Find out more at [www.enable.health.nsw.gov.au/online](http://www.enable.health.nsw.gov.au/online)

#### Filling in this form

You can complete this form on your computer or print and sign it. If you need to print this form ensure you:

- Use blue or black pen
- Print in BLOCK LETTERS
- Sign the prescriber declaration

If you need to request multiple items, from different equipment categories, ensure you submit the request forms together.

#### Eligibility

An EnableNSW application form is required to assess a person's eligibility. A new application form is required every two years **OR** if the person's circumstances change. Application forms can be accessed online at [www.enable.health.nsw.gov.au/for\\_individuals/applying-to-EnableNSW](http://www.enable.health.nsw.gov.au/for_individuals/applying-to-EnableNSW).

If we do not have an application form at the time of reviewing this request, the request may go on hold and delay the outcome.

#### Important information before making this request

- You must be an eligible prescriber for this type of equipment **AND**,
- the equipment requested must meet the applicable funding criteria. You can read more about this at [www.enable.health.nsw.gov.au/prescribers/forms](http://www.enable.health.nsw.gov.au/prescribers/forms)
- You must include the relevant stock code for the equipment you are requesting. Items in this category are only available through stock
- You must attach a medical questionnaire completed by the person's general practitioner

#### Equipment selection and trials

A range of mobility scooters are available through the EnableNSW Equipment Allocation Program for delivery across NSW. An assessment and trial of the scooter occurs at the time of delivery with the prescriber present to ensure the scooter meets the person's clinical need and that they are safe using the scooter in their local community.

#### For more information

Go to our website [www.enable.health.nsw.gov.au](http://www.enable.health.nsw.gov.au) or call us on 1800 Enable (1800 362 253)

#### Privacy

We collect your personal information and the health information of patients to allow EnableNSW to manage and provide its services. This allows us to:

- Assess your eligibility to prescribe assistive technology in accordance with the relevant funding criteria
- Contact you if more clinical information is required about the request, as well as provide status updates about the request
- Share contact details with a supplier if additional support is required for set up of equipment when necessary.

If you would like to view or make changes to your information, please send an email to [enable@health.nsw.gov.au](mailto:enable@health.nsw.gov.au) or call 1800 Enable (1800 362 253).

#### A. Request type

- New request       Amendment to existing request

**Are there other/additional equipment request forms being submitted for this person?**

- No – the person does not require any additional items and no other requests are being submitted  
 Yes – the person requires additional items and I will be completing the relevant forms for those items

Date of assessment/review for this equipment

## B. Person information

### 1. Person details

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>		
Date of birth	<input type="text" value="D D/M M/Y Y Y Y"/>						
Medicare card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no.	<input type="text"/>
Person's address	<input type="text"/>					State	Postcode

### 2. Delivery details

The prescriber must be present at the time of delivery to complete a trial at the person's home address. If the trial does not demonstrate safe use and clinical suitability of the scooter, it must not be left in place.

**Where will the equipment be delivered to?** *Select ONE only*

Person's address

Other, please specify where the equipment will be delivered

Contact name  Contact phone number

Delivery address

(if not person's address)  State Postcode

**Confirm the prescriber will be present for delivery:**

Yes  No - provide details

If applicable, confirm the person's hospital or TCP discharge date

If applicable, provide any special delivery instructions

**Is there equipment that needs to be collected?** *Select ONE option*

Yes - contact EnableNSW by email or phone to arrange collection

No

## C. Diagnosis

### 3. What is the primary diagnosis in relation to the requested equipment?

### 4. Provide other relevant diagnosis/co-morbidities:

## D. Weight

5. Provide the person's weight in kilograms (kgs):

## E. Equipment category

### 6. What equipment are you requesting? *Select all that apply*

4 wheel scooter  Scooter accessories

## F. Equipment recommendation

### 7. For replacement requests complete the following: Select N/A if new request

- N/A – This equipment has not previously been funded by EnableNSW
- Current equipment is no longer clinically appropriate
- Current equipment is beyond repair and unsafe to use
- Current equipment is due for replacement due to general wear and tear

### 8. Provide brand/model, supplier details, price for the requested equipment:

You must attach an itemised quote for all non-stock or non-contract items in this request

Note: Other = Non-stock & non-contract equipment

Equipment – specifications required	Equipment type	Preferred supplier details	Qty	Cost (inc GST & delivery)	Stock SKUID/ Contract/ Quote number
	<input type="checkbox"/> Stock <input type="checkbox"/> Contract <input type="checkbox"/> Other			\$	
	<input type="checkbox"/> Stock <input type="checkbox"/> Contract <input type="checkbox"/> Other			\$	

### 9. Confirm the request is for a scooter from stock: Select ONE option

- Yes
- No – confirm you have discussed the request with an EnableNSW Clinical Advisor and provide details below


### 10. Confirm any requested non-contract equipment complies with the relevant Australian or International Standards and/or has Therapeutic Goods Administration (TGA) registration (class 1 medical devices).

- N/A – I have selected stock/contract equipment
- Yes
- No

## G. Equipment goals

### 11. Confirm the person requires a mobility scooter to complete any of the following community based activities of daily living:

Select all that apply

- Attend medical appointments
- Complete grocery and essential shopping
- Collect medications
- Pay bills
- Access bank/post office

## H. Current function

### 12. How does the person transfer? Select ONE option

- Independently with/without equipment - specify type of transfer equipment below (if applicable)
- With assistance of a carer with/without equipment - specify type of transfer equipment below (if applicable)
- With total assistance - specify type of transfer equipment below (if applicable)


**13. How does the person mobilise?** *Select ONE option*

- Walks independently with/without equipment – specify type of mobility equipment below (if applicable)
- Walks with assistance of a carer with/without equipment – specify type of mobility equipment below (if applicable)
- Independently uses a wheelchair – specify type (manual or power) below
- Carer assistance to use a wheelchair (attendant propelled) – specify type (manual or power) below
- Unable to walk / bedbound


**I. Equipment justification: All requests**

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**14. Is the person independent and safe with standing transfers?** *Select ONE option*

- Yes
- No – provide detail below


**15. Can the person walk independently indoors with or without equipment?** *Select ONE option*

- Yes
- No – provide detail below


**16. Confirm the person is unable to walk outdoors (or in the community) in a reasonable timeframe to achieve essential tasks:**

*Select ONE option*

- Yes
- No – provide detail below


**17. Confirm the following:** *Select all that apply*

- The person does not require postural support in sitting
- The person does not have a pressure injury risk

**18. Will the scooter be used to cover distances a person would usually expect to walk?** *Select ONE option*

- Yes
- No – provide distances planned to be travelled using the scooter below


**19. Does the person have access to other forms of transport to complete core daily tasks e.g private or community vehicle/ transport, public transport?** *Select ONE option*

- No
- Yes – provide detail below


**20. Does the attached medical questionnaire support the person's ability to safely use a scooter?** *Select ONE option*

- Yes
- No – provide detail below


21. Does the person have any cognitive, physical or vision limitations that may affect the safe use of a scooter? *Select ONE option*

- No
- Yes – provide detail below


22. Is the person aware they are unable to sit on the scooter while travelling on public transport? *Select ONE option*

- Yes
- No

23. Is there secure undercover storage and charging facilities available at the person's home for the scooter? *Select ONE option*

- Yes
- No – provide detail where the scooter will be stored and charged below


24. Confirm the person is aware the scooter is not to be used to cover distances expected of a car or public transport: *Select ONE option*

- Yes
- No

## J. Trial

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If you assess the person to be unsafe, the scooter will be taken away by the supplier and returned to the EnableNSW Equipment Centre. Please let our team know if this happens by calling 1800 362 253 or sending an email to [enable@health.nsw.gov.au](mailto:enable@health.nsw.gov.au)

25. Confirm the person is aware that the scooter will remain in place only if the trial is successful: *Select ONE option*

- Yes
- No

## K. Compatibility

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26. Confirm the equipment is compatible with the: *Select all that apply*

- Current equipment being used
- Environment of use
- Person's weight

## L. Safe use, care and maintenance

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27. Confirm the person and/or family/carer will receive education in the: *Select all that apply*

- Safe use of the requested equipment
- Correct care and maintenance of the requested equipment

**Go to next page and complete Section M. Prescriber eligibility and declaration**

## M. Prescriber eligibility and declaration

### 28. Prescriber eligibility

Confirm you have assessed the person and have the qualification and level of experience to prescribe this equipment in line with the relevant [EnableNSW Funding Criteria](#) and [Professional Criteria for Prescribers](#).

Yes **Go to question 29**

No – I do not have the level of experience to prescribe this type of equipment as required by the funding criteria.

The assessment of the person and equipment request has been supervised by an eligible EnableNSW prescriber. Provide your supervisor's name and email address

Supervisor's name  Supervisor's email

### 29. Prescriber declaration

**I confirm the following:**

- The person/carer agrees with this request
- A copy of this request will be provided to the person/carer
- As a health professional, I cannot also be the equipment supplier for the same request. This may include but is not limited to a personal or professional relationship with or material interest in the supplier or manufacturer of the equipment listed on this request

**I declare that:**

- I have the qualification and experience to prescribe this equipment or, I have been supervised by an eligible EnableNSW prescriber for this type of equipment
- All information I have supplied on this application is true and correct to the best of my knowledge at the time of assessment

**Prescriber information:**

Prescriber name   
Place of work   
Address   
 State  Postcode   
Qualification  AHPRA registration number   
Phone number  (  ) Email   
Signature  Date

### 30. Other contacts (optional)

Complete this question if you would like to provide details of any other relevant health professionals who will be involved with the management and monitoring of the person's condition

#### Other contact 1

Name   
Place of work   
Address   
 State  Postcode   
Qualification  AHPRA registration number   
Phone number  (  ) Email

#### Other contact 2

Name   
Place of work   
Address   
 State  Postcode   
Qualification  AHPRA registration number   
Phone number  (  ) Email

### Submitting this request

Submit this form and any relevant clinical documentation to [enable@health.nsw.gov.au](mailto:enable@health.nsw.gov.au), please include the following in your subject line **Equipment type\_Person name\_Date submitted** i.e *Scooter\_request\_John Smith\_01.01.2022*