



QEF
queen elizabeth's
foundation for
disabled people



loan scheme

together with
www.wmdlc.org Leeds
www.cornwallmobility.co.uk Truro
www.rdac.co.uk Birmingham

QEF Mobility Services

1 Metcalfe Avenue, Carshalton
Surrey
SM5 4AW

Tel: 0208 7701151

Fax: 0208 7701211

Email: mobility@qef.org.uk

Website: www.qef.org.uk

BUGZI LOAN SCHEME REQUEST FORM

All requests must be completed by a clinician and parent

Requests for Bugzies must be referred to QEF Mobility Services with the written support of a health care professional who is working with the child concerned – e.g. Occupational Therapist/Physiotherapist.

Please refer to accompanying 'Parent' and 'Supporting Clinician' letters.

QEF Mobility Services will consider the referrer to be the lead contact for this child.

Please complete and return this form, writing clearly and in black ink. If you require help please do not hesitate to contact us. It is important to provide as much information as possible so that the request can be processed quickly. If essential information is missing we may not be able to process your application.

A £100 refundable deposit is required for the loan of the Bugzi and restrictions apply to their use:

- Bugzies are for indoor use with very limited outdoor use
- Maximum weight of child must not exceed 25kg
- Bugzies must be used only under adult supervision within the UK
- Bugzies must be used in accordance with the instructions provided
- Bugzies must only be used by the child for whom it is prescribed

Please indicate where you wish to attend assessment:

Birmingham **Cornwall** **Leeds** **Surrey**



Winner of Independent
Living Design Award

1. INFORMATION ABOUT THE CHILD BEING REFERRED

Please complete fully

Surname:

Date of Birth

First name(s):

Male / Female (please circle)

Home address and postcode:

Current Weight:

2. PARENT/GUARDIAN

Parent/Guardian name(s)

Relationship to Child:

Email address:

Home Phone Number:

Mobile:

3. REFERRERS INFORMATION:

All referrals must be made by a relevant health professional.

Name of Person Referring:	
Organisation:	
Job Title:	
Address:	
Phone Number(s):	
Email address:	
Local Wheelchair Service	

4. THE CHILD:

What is the child's diagnosis? Please make special note of visual problems, epilepsy, degenerative conditions, cognitive impairments	
What degree of control of movement is available, and in which limbs?	
Is there unusually high or low muscle tone?	
What level of communication does the child have?	

5. EXPECTATIONS:

Why do you feel that the child needs a Bugzi?	
What do parents hope the child will be able to achieve?	
What does the therapist hope the child will be able to achieve?	

<p>How often and for how long do you think the child may use a Bugzi?</p>	
<p>What impact do you think a Bugzi may have on the family?</p>	

6. SAFETY:

<p>Where do Parents want the Bugzi to be used? (Note: Bugzi is for indoor use only)</p>	
<p>How big is the space available? (approx m²)</p>	
<p>Are there any downwards steps which may be accessible by Bugzi? If so can they be guarded?</p>	
<p>Are there any obstacles at head height of a child seated in Bugzi (table tops, shelves etc)? If so can they be removed?</p>	
<p>Are there any valuable items of furniture or ornaments which may be damaged by the Bugzi? If so can they be removed?</p>	
<p>Are there other children who may have access to the Bugzi or the space where it is being used?</p>	
<p>How old are the other children?</p>	
<p>How may they be controlled while the Bugzi is being used?</p>	
<p>How can they be prevented from using the Bugzi themselves?</p>	

7. CONTROL:

What experience does the child have of using switches/joysticks?	
What type?	
Where are the best positions for switches/joystick?	
How many switches could the child operate initially (1-5)?	

8. SIGNATURES:

Referrer (medical professional): _____ Date: _____
Parent/Guardian: _____ Date: _____

Please note:

- The child must be able to attend assessments at QEF Mobility Services in Surrey, WMDLC in Leeds, Cornwall Mobility at Truro or RDAC in Birmingham.
- There is a £100 deposit to be paid with the signing of the loan agreement at the time of the first assessment.
- You are responsible for the collection of the Bugzi from Carshalton, Leeds, Truro or Birmingham when it is ready for use and its return to that centre at the end of the loan.
- If adjustment or accessories are required during the loan period it is your responsibility to bring your child to QEF, WMDLC, Cornwall Mobility or RDAC.
- To be able to give full attention to the child being assessed it is advisable not to bring siblings. If siblings are coming a minimum of 2 adults should attend to enable supervision.
- Bugzies can also be purchased from children's charity MERU. Prices start from £3995. We may be able to suggest sources of funding if you wish to purchase.

8. WHAT TO DO NEXT:

Please return this completed form to QEF Mobility Services, address below. We will review your request and let you know if your application is successful and arrange an assessment. There may be a waiting list but we will do our best to meet your request as soon as possible. Thank you for your interest in Bugzi. More information about QEF is available at www.qef.org.uk.

1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW
Tel: 0208 770 1151 Fax: 0208 770 1211 Email: mobility@qef.org.uk

Bugzi's are provided by Queen Elizabeth's Foundation together with our partners:



EQUAL OPPORTUNITIES DATA

We are obliged to ask this information from the organisations that fund our service.

You do not have to answer these questions, and if you choose not to, this will not make any difference to the service you receive. This section of the application form will be detached and the information collected will only be used for monitoring purposes in an anonymised format.

Ethnic Origin:

Asian Bangladeshi () Asian Indian () Asian Other () Asian Pakistani ()

Black African () Black Caribbean () Black Other () Chinese ()

Mixed Other () Mixed White + Asian () Mixed White + Black African

Mixed () Mixed White + Black Caribbean ()

White British () White Irish () White Other ()

Ethnic Other () Please specify_____

Declined to comment ()

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