

MERU BUGZI LOAN SCHEME APPLICATION FORM

All requests must be completed by a clinician and parent

Requests for Bugzis must be made with the support of a health care professional who is working with the child concerned – e.g. Occupational Therapist or Physiotherapist. MERU will consider this person as the lead contact for this child.

You may like to complete the form together. Please refer to the accompanying 'Parent' and 'Supporting Clinician' letters. We require both signatures.

To help us process your application quickly, please complete this form fully writing clearly in black ink. It is important to provide as much information as possible. If essential information is missing we may not be able to process your application. If you require help please do not hesitate to contact us.

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

- Bugzis are for indoor use (with very limited outdoor use where dry and level)
- The maximum weight of child must not exceed 25kg
- Bugzis must be used only under adult supervision within the UK
- Bugzis must be used in accordance with the instructions provided
- Bugzis must only be used by the child for whom it is prescribed

Please indicate where you wish to attend the assessment:

Birmingham Truro Leeds Carshalton Thetford Glasgow Belfast

1. INFORMATION ABOUT THE CHILD BEING REFERRED (Please complete fully)

Surname:

First name(s):

Home address and postcode:

Date of Birth:

Male /Female (please circle)

2. PARENT/GUARDIAN

Parent/Guardian name(s):

Relationship to Child:

Email address:

Home Phone Number:

Mobile:

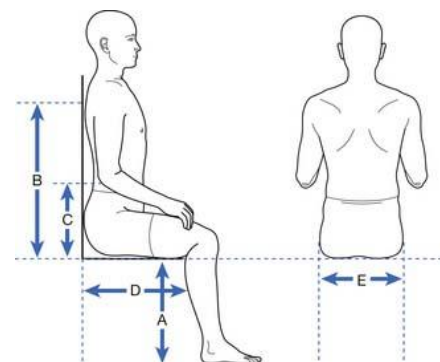
SEATING DIMENSIONS:

Seat Depth (D):

Leg Rest Length (A):

Seat Width (E):

Current Weight:



3. REFERRER'S INFORMATION:

All referrals must be made by a relevant health professional (an Occupational Therapist or Physiotherapist).

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

4. THE CHILD (For either parent or health professional to complete)

What is the child's diagnosis? Please tell us if the child has any visual problems, epilepsy, degenerative condition and cognitive impairments.	
What degree of controlled movement does the child have and in which limbs?	
Does the child have unusually high or low muscle tone?	
What level of communication does the child have?	

5. EXPECTATIONS:

Why do you feel the child needs a Bugzi and what do you hope they will learn with it?	
How often, and for how long do you think the child may use a Bugzi?	

As lead therapist , why does this child need a Bugzi & what do you hope they will learn?	
What impact do you think a Bugzi may have on the family?	

6. SAFETY:

Where is Bugzi going to be used? (Bugzis are for indoor use with very limited outdoor use where dry and level)	
How big is the space available? (approx m ²)	
Are there any downwards steps which may be accessible by a Bugzi? If so can they be guarded?	
Are there any obstacles at head height for the child seated in Bugzi (table tops, shelves etc)? If so, can they be removed?	
Are there any valuable items of furniture or ornaments which may be damaged by the Bugzi? If so, can they be removed?	
Are there other children who may have access to the Bugzi or the space where it is being used?	
What are their ages? How can they be prevented from using the Bugzi themselves?	

7. CONTROL:

What experience does the child have of using switches/joysticks/tablets /phones? Please tell us how they use these.	
Where are the best positions for switches/joystick?	
How many switches could the child operate initially (1-5)?	

8. PLEASE TICK TO CONFIRM THAT YOU HAVE UNDERSTOOD THE FOLLOWING:

- You must attend one of our centres for assessment (Bugzi is normally provided the same day)
- The £100 returnable deposit must be paid with the signing of the loan agreement on the day of assessment.
- You must provide information on your child's use of Bugzi via the Review Form approximately every 9 months otherwise we can't guarantee it's continued loan
- You are responsible for returning Bugzi to your local assessment centre at the end of the loan. In the event that you are unable to, the £100 deposit will be used to pay for the return of Bugzi.
- If adjustment or accessories are required during the loan period it is your responsibility to bring the child to your local assessment centre
- Bugzi's value is £3995. Please check that it is covered on your household insurance policy
- 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 two adults should attend to enable supervision,
- On occasion, donors of the Bugzi Loan Scheme request information or an image of a child in Bugzi. Please tick if you would be prepared to discuss giving your consent at the assessment, thank you.

SIGNATURES

Referrer (medical professional): _____

Date: _____

Parent/Guardian: _____

Date: _____

WHAT TO DO NEXT:

Please return this completed form to MERU. We will review your request and let you know if your application is successful within 14 days. 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 MERU and Bugzi visit www.meru.org.uk

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QEF
queen elizabeth's
foundation for
disabled people



Mae
Murray
Foundation



Cornwall
Mobility



EAST ANGLIAN DRIVEABILITY
Your key to
independent mobility



RDAC
Regional Driving Assessment Centre



WILLIAM MERRITT
Disabled Living Centre

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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