



# LOAN SCHEME APPLICATION

TOGETHER WITH

gef.org.uk eastangliandriveability.org.uk cornwallmobility.co.uk rdac@.co.uk maemurrayfoundation.org  
wmdlc.org rdac.co.uk bobathscotland.org.uk bridgewater.nhs.uk uhdb.nhs.uk thepacecentre.org

- We recommend the support of your child's health professional (e.g. Occupational Therapist, Physiotherapist) to get the most from using Bugzi.
- In order to provide your child with Bugzi we will share your completed application form with the centre you select. They will hold your data and will have their own privacy notice that you can ask to see.

- Our privacy policy is available on our website or on request which outlines how we use and store your data.
- We may take an image of your child in Bugzi at assessment for our clinical records. We will not share this image unless you give us permission to do so.
- You must complete all sections of this form.

### PLEASE NOTE:

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

Please indicate which assessment centre you wish to attend. **Aylesbury**  **Belfast**  **Birmingham**  **Truro**   
**St Helens**  **Thetford**  **Derby**  **Leeds**  **Carshalton**  **Glasgow**  **Cardiff**

Child's Full Name .....

Date of Birth ..... M/F .....

Home address .....  
(incl Post Code)  
.....  
.....

Parent/Guardian Name .....

Email .....

Phone / Mobile .....

### SEATING DIMENSION (cm/kg)

Seat Depth (D) .....

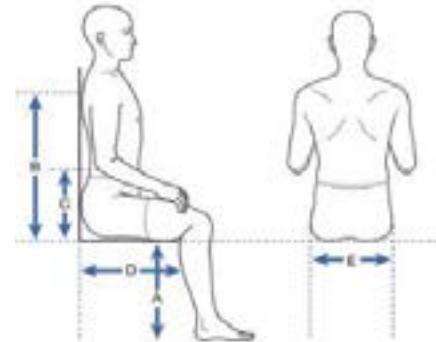
Leg Rest Length (A) ..... (max 33cm)

Seat Width (E) .....

Shoulder height (B) .....

Thoracic pad height (C) .....

Current Weight ..... (max25kg)



Your relationship to child .....

Please indicate if there is anyone else that you would like us to share this information with. e.g. other parent

Name .....

email ..... Phone .....

Child's Professional .....

Job Title .....

Phone ..... Email .....

**1.** What is your child's diagnosis?

Please tell us if your child's condition affects their visual, sensory or cognitive abilities, or if they suffer fits or tics. Does your child use a ventilator or require oxygen that which would need to be mounted on Bugzi?

How does your child move their arms, legs and head, as well as their whole body?

How does your child express themselves - do they talk, use signing, use pictures, use special sounds?

**2.** How does your child use electronic controls in other activities?

e.g. switches, joysticks, tablets, phone

What are the best positions for the controls they use?



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3. How many days a week do you anticipate Bugzi will be used?

And for how many minutes on those days?

1-2

3-5

6-7

10-20

30-40

50-60

60+

4. What do you hope your child will learn by using Bugzi?

What impact do you think Bugzi may have on your child's participation in their family, school and social life?

5. Where is Bugzi going to be used? e.g. Home, School, etc

How will you safeguard against hazards? e.g. Downward steps, tables, shelves, floor lamps, etc.



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Please sign below to confirm that you have understood the following –

You must attend one of our partner centres for initial assessment.

A £100 returnable deposit must be paid online prior to signing the loan agreement on day of assessment.

A review will take place initially via phone in approx. 3 months and then by post or phone yearly, where you will be asked to provide information on your child’s use of Bugzi. (We may not be able to guarantee continued loan if this is not completed).

You are responsible for returning Bugzi and all accessories to one of our assessment centres when it is no longer required. MERU can arrange a courier collection from your home but reserve the right to make a charge to cover postage costs for this.

If adjustment or accessories are required during the loan period it is your responsibility to take the child to your local assessment centre.

As full attention to the child being assessed is needed, it is advisable not to bring siblings to the assessment. If siblings are coming a minimum of two adults should attend to enable supervision. If this is not possible, it is your responsibility to inform the centre in advance.

An image of your child in the Bugzi may be taken and stored for our medical files. We will not be share this image with anyone.

You have read and understood our privacy policy (available on meru.org.uk).

By signing this application you agree to give permission to share the information on this form with your named professional.

On occasion, supporters of the Bugzi Loan Scheme request information or an image of a child in Bugzi. Please tick the box (left) if you would be happy to discuss giving your consent at the assessment.

Parent/Guardian

Date.....

Child’s professional (if applicable)

Date.....

Where did you hear about Bugzi?

**Please contact us if you are unsure of anything on this form**

**Thank you**

Bugzi is normally provided on the same day as the assessment.  
We aim to provide a Bugzi within 12 weeks of application acceptance.



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## 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 anonymous 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 ( )



**There are many Bugzi videos available online.  
Please do have a look and see the positive impact that Bugzi can have!**

### WHAT TO DO NEXT

Please sign and return this completed form to **MERU**. We will review your request and let you know usually within 14 days if your application is successful. There may be a waiting list for an assessment but we will do our best to meet your request as soon as possible. Thank you for your interest in Bugzi. For more information about **MERU** and Bugzi please do get in touch. Our contact details are below.



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