|  |  |  |
| --- | --- | --- |
| Enable_RGB | **ENAH124** | **LOW RISE LIFTS**  [**acc.housing@enable.co.nz**](mailto:acc.housing@enable.co.nz) **0800 171 995** |

| **Client Name** |  | **Date of Birth** |  | |
| --- | --- | --- | --- | --- |
| **EMS Assessor** |  | **Contact Telephone** | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location of Lift | | | Front Door  Back Door  Other: | | | | | | | | | | | | | |
| Exit Orientation (when going up) | | | Straight Exit  Right Exit  Left Exit | | | | | | | | | | | | | |
| Controls | | | Right Side  Left Side  Remote Required | | | | | | | | | | | | | |
| Estimated Total Rise (floor to floor) | | | |  | | | | | | | | | | | | |
| **Automatic Landing Barrier Arm is standard on all lifts where rise is over 500mm** | | | | | | | | | | | | | | | | |
| Automatic Landing Barrier Arm required where rise is 0-500mm | | | | | | | | | | | | | | | | |
| Manual opening/self closing Landing Gate required | | | | | | | | | | | | | | | | |
| Automatic Landing Gate required | | | | | | Is longer than standard opening and closing time required  Yes  No | | | | | | | | | | |
| **Weight to be lifted (estimated)** | | | | | | | | | | | | | | | | |
| Client | | kg | | | | | | Equipment | | | | | | kg | | |
| Support person to use lift at the same time | | | | | | | | Support person weight | | | | | kg | | | |
| Total estimated weight to be lifted | | | | | kg | | | | | | | | | | | |
| Are Landing Call Buttons required at top and bottom  Yes  No | | | | | | | | | | | | | | | | |
| **Required Platform Size** | | | | | | | | | | | | | | | | |
| User space of 1000mm wide x 1200mm long PLF1214  User space of 1000mm wide x 1500mm long PLF1415  User space of 1100mm wide x 1400mm long M340 | | | | | | | | | | | | | | | | |
| **Type of mobility equipment the client is using or will be using in the long term:** | | | | | | | | | | | | | | | | |
| Powerchair  Manual / Transit Wheelchair   Other | | | | | | | | | | | | | | | | |
| **Mobility Equipment Details** | | | | | | | | | | | | | | | | |
| Make |  | | | | | | Length | | mm | Width | mm | | | | Height | mm |
| Model |  | | | | | | Turning Circle | | | |  | | | | Weight | kg |
| **Additional Notes** | | | | | | | | | | | | | | | | |
| Are able bodied people required to use this entry: | | | | | | | | | | | | Yes  No | | | | |
| If a child, have growth needs for future proofing been taken into account: | | | | | | | | | | | | Yes  No | | | | |
| Is there a likelihood of moving into powered mobility within the next 2 years: | | | | | | | | | | | | Yes  No | | | | |
| Special platform requirements if over size:  State sizing required \*\* Provide rationale in the Application Form: | | | | | | | | | | | | | | | | |
| Power supply and/or RCD are accessible to the client  Yes  No  *\*\*(Consultant / lift supplier to advise if required)* | | | | | | | | | | | | | | | | |