|  |  |  |
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| Enable_RGB | **ENAH124** | **LOW RISE LIFTS****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)* |