Private and Confidential

**CERTIFICATE BY APPLICANT’S DOCTOR IN SUPPORT OF PROVISION OF ELECTRICALLY POWERED WHEELCHAIR/SCOOTER**

1. I certify that,

….….………………..……………………………………………. of …………………………………………….………………………...

……………………………..……………………………. has a diagnosis of .………………….……………………………….……

…..…………………………………………………………………………………………………………………………………..…………..

which impairs his/her outdoor mobility. I therefore recommend the provision of a powered wheelchair/scooter.

**(DELETE PARAGRAPH 2 OR 3 BELOW, AS APPROPRIATE)**

1. I certify that he/she is not suffering from any ailment nor taking any prescribed medication, which would adversely affect his/her ability to operate a powered wheelchair/scooter independently and safely in public places.

OR

1. I certify that he/she is **not** fit in all respects to operate a powered wheelchair/scooter independently in public places and should therefore be considered only for the provision of an attendant-controlled powered wheelchair. I have advised the applicant of this recommendation.

Signed …………………………………………………….……. Date ……………………………………………………………………

Name in Block Capital Letters …………………………………………………………………………………..…………………

Address ………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………..……..

We kindly request your consideration of a waiver of any fee for completion of this form in view of the fact that this wheelchair/scooter is being provided by the RAF Benevolent Fund.