

Do you need a wheelchair?

Your details

Gender | male | female | other

First name

Middle name

Surname

Age:

Type of disability:

Address

City

Town

Pin code:

Telephone:

Email:

Terms and Conditions:

(Please read the following carefully and click on the agree button below, for your application to be processed.)

- The beneficiary and caregiver agree to present medical papers as required for selection and screening purposes. All medical documents will be kept confidential.
- The beneficiary/ direct caregiver agrees to pick up, sign receipts for the wheelchair received, and to be photographed with the wheelchair. Photography copyright belongs to "Wheels for Life" and will be used for documentation purposes of this programme.
- In the rare occasion that a donor requests to meet with the beneficiary, the beneficiary will be notified and the meeting will take place on mutual terms.
- Upon selection "Wheels for Life" will provide a new wheelchair to the beneficiary in perfect working condition. Any repairs and customization thereafter is the responsibility of the beneficiary.
- The beneficiary has not received any other wheelchair in the last three years (even if h/she has received any other funds from any other external source)
- The Beneficiary can accept a second wheelchair from another source only if such second wheelchair is an upgraded, or motorized wheelchair, or in the event the wheelchair provided has become unusable due to any defect, breakage or malfunctioning of such wheelchair.

I AGREE
