

Office use only

#

Date approved:

Thank you for your interest in GoBabyGo. We are delighted to see if we can provide a car for your child. Can you please complete the enclosed form and also ask your therapist to complete the identified aspects of the form and return it to us.

The process from here is once we receive your information, we will send this to a screening group which will approve or decline your application. We will let you know as soon as we hear from them, and link you into our next handover.

Please complete this form as part of the application process for GoBabyGo!

The details of Child:

Name:

DOB:

Medical Condition:

Gender: Boy Girl

Does your child use a Shuttle Discovery wheelchair seat : YES/NO

The details of Parents:

Names:

Addresses:

Email:

Phone:

The name of therapist:

Name:

Email:

Organisation:

Phone:

Paediatrician's details:

Media permission:

Please sign here if you give Go Baby Go New Zealand Pacific permission to use any photographs or video footage taken of yourself, your child or any children in your care in attendance at GoBabyGo events, car-fitting or donation days for promotional purposes (ie media, facebook, our website)

I give permission

I do NOT give permission

Any other comments: