



MOBILITY IMPAIRED SEATING APPLICATION FORM

SACA has mobility impaired seating and wheelchair spaces available for Members upon application.

Members needing access to mobility impaired seating or wheelchair spaces are required to complete this form and submit to SACA Membership.

**Please email your completed form to membership@saca.com.au or post to
SACA Member Services, Po Box 545, North Adelaide SA 5006**

MOBILITY IMPAIRED SEATING APPLICATION

Member Number	
Member Name	
Postal Address	
Contact Number	
Email Address	

I understand that the allocated seating is strictly non-transferrable. Mobility impaired seating is limited and requests will be processed as they are received until allocation is exhausted.

Signed by SACA Member: _____ Date: _____

The following section is to be completed and signed by the SACA Members' Medical Professional.

☐ **I have assessed the below mentioned patient and can confirm the following details:**

Name of SACA Member: _____ Date of Birth: _____

The Member has a mobility impairment that will require them to apply for mobility impaired seating.

Please provide details of the Member's specific accessible seating requirements to assist with seat allocation.

- | | | |
|---|--|--|
| <input type="checkbox"/> Unable to negotiate steps | <input type="checkbox"/> Wheelchair required | <input type="checkbox"/> Assistance Dog required |
| <input type="checkbox"/> Electric Mobility Scooter required | <input type="checkbox"/> Mobility Aid required | <input type="checkbox"/> Visually impaired cane |

Other details: _____

Is the Member's mobility impairment a permanent impairment? **No** ☐ **Yes** ☐

Name of Medical Professional: _____

Address of Medical Practice: _____

Signed by Medical Professional: _____ Date: _____