



## Beeston Changing Places Toilet Application Form

Name of user:	
Address:	
Postcode:	
Phone number:	
Email:	

The first key fob is free. I understand that I will be charged £10 for a replacement fob if the original is lost.

Signed: (by or on behalf of user)		Date:	
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Name of Primary Carer:	
Address:	
Postcode:	
Phone number:	
Email:	

I confirm I am appropriately trained to use all the equipment inside the Changing Places Facility and that I have read, understand and agree to abide by the guidelines and conditions of use.

Signed:		Date:	
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Please return to Broxtowe Borough Council, Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB, along with the below evidence:

User: ID, Evidence of Disability Living Allowance or PIP

Carer: ID, Evidence of Carers Allowance or relationship to user.

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Office use only

User Evidence provided:

User ID provided:

Carer Evidence provided:

Carer ID provided:

Keyfob number issued:

Date of Issue: