



# Wheelchair Sports NSW/ACT Sporting Members

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## Equipment Loan Application



The Equipment Loan Program provides access to equipment for eligible members of Wheelchair Sports NSW/ACT (WSNSWACT). The program supports participants to try new sports, develop skills, and engage in training and competition by reducing barriers to accessing disability sporting equipment.

Please complete this application form to help us assess your equipment needs and suitability for the program.

\*Required field

### Demographic information

**Age:** (Required)

**Gender identity:** (Required)

**Post code:** (Required)

Contact email address

## Participant Information

1. (Required) Full name of hirer.

2. (Required) Do you intend to hire this equipment for yourself, or on behalf of another? (Please tick ONE option)

Myself

On behalf of another

3. (Required) Name of the person who will be using this equipment, and your relationship with them.

Example: James Smith, my son.

4. (Required) Note that all questions from here on out will be directed towards the person using the hired equipment.

5. (Required) Please describe your disability.

Having a clear understanding of your disability will help us determine suitability for certain equipment.

## Sport and Intended Use

6. (Required) What type of equipment would you like to hire? (Please tick ONE option)

Multi-sport chair

Racing chair

Rugby chair

Other

7. (Required) Are you comfortable in a kneeling, or a seated position? (Please tick ONE option)

Kneeling is the preferred, highly aerodynamic position for competitive speed and stability, while the seated posture offers better comfort and is ideal for athletes with lower back or leg flexibility constraints.

Kneeling

Seated

Unsure

8. (Required) Racing chairs are very different from other wheelchairs. Attending formal training sessions are highly recommended for beginners, and requires the user to supply their own helmet and racing gloves at extra cost.

9. (Required) Please specify.

WSNSWACT has limited access to other equipment but are happy to direct you to the relevant contact.

10. (Required) Which sport(s) will you use the equipment for? (Tick all that apply)

Wheelchair AFL

Wheelchair Basketball

Wheelchair Tennis

- Wheelchair Rugby
- Wheelchair Racing - Track
- Wheelchair Racing - Road
- Frame Running
- Seated Throws

11. (Required) What is your level of experience in the sport? (Please tick ONE option)

- Beginner
- Intermediate
- Competitive/Advanced

12. (Required) How often will you use the chair? (Please tick ONE option)

- Weekly
- Multiple times per week
- Competition only
- Other

13. (Required) Please specify.

14. (Required) Where will the equipment primarily be used? (Please tick ONE option)

- Training club
- Home
- Competition
- School/Community Program

15. Which club are you a member of?

For example: Sydney Blues

16. (Required) Where will the equipment primarily be stored?

Please provide a specific address.

## Current Equipment

17. (Required) Are you a full-time wheelchair user? (Please tick ONE option)

A full-time wheelchair user is classified as someone who relies on a wheelchair as their primary or exclusive means of mobility to navigate daily life.

- Yes

No

18. Type/brand/model.

19. (Required) Seat width.

20. (Required) Seat depth.

21. (Required) Backrest height.

22. Likes/dislikes of your wheelchair.

23. Photo of you sitting in your wheelchair.

24. Side profile seated photo.

25. Existing wheelchair specification sheet.

26. (Required) Have you previously used a sports/racing chair? (Please tick ONE option)

Yes

No

27. What size/setup did you use?

28. Did it fit comfortably?

29. What (if any) issues did you experience?

## Body Measurements

30. (Required) Hip width / widest point while seated.

31. (Required) Waist width / widest point while seated.

32. (Required) Buttock-to-knee length (upper leg length).

33. (Required) Lower leg length (knee to heel).

34. Shoulder width.

35. Seated shoulder height.

36. Seated torso height.

37. Arm length / reach.

38. Chest circumference

39. Preferred seat angle / posture.

40. Preferred back support. (Please tick ONE option)

Low

Medium

High

## Functional & Physical Requirements

41. Do you have any physical considerations that may affect chair setup? (Please tick ONE option)

Limited trunk control

Reduced balance

Pressure care requirements

Muscle tightness/spasticity

Contractures

Amputation

Other

42. Please specify.

43. Do you require any of the following? (Please tick ONE option)

Additional strapping/support

Custom seating

Cushioning adjustments

Footplate modifications

44. Any pain, pressure areas, or comfort concerns we should know about?

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## Logistics & Loan Management

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45. (Required) Are you able to visit our office in Putney NSW for a test fitting? (Please tick ONE option)

A test fitting ensures we have a suitable chair for you prior to delivery.

Yes

No

46. (Required) We may need to schedule multiple visits at a location of your choosing to ensure proper fitment.

Multiple visits also result in a longer lead time.

47. (Required) Preferred delivery location.

Please provide a specific address, or WSNSWACT club name.

48. (Required) Are you able to transport the chair? (Please tick ONE option)

WSNSWACT are able to bring the chair to you for initial delivery, but transport for the duration of the loan will solely be the responsibility of the hirer.

Yes

No

49. (Required) Loan duration requested. (Please tick ONE option)

Equipment is typically loaned out at a rate of \$250/6 months.

6 months

12 months

18 months

24 months+

Other

50. (Required) Please specify.

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## Hirer Notes

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51. Please provide any additional information you feel is important for us to know.

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52. Additional documentation.

You may also send additional documentation to [meeqv@wsnsw.org.au](mailto:meeqv@wsnsw.org.au)

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