



Disability Hoist Usage Form

Carer/Guardian Details

Your name:

Email:

Contact number:

Organisation or Address:

Please indicate your level of training:

Manual Handling

Disability Awareness

Hoist Usage

Cert 3 Individual Support (Disability)

Other: _____

Relationship to Patron:

Date:

Patron Details

Patron Name:

Contact Number:

Address:

Next of Kin:

Contact Number:

Acknowledgement of terms and conditions

I acknowledge by signing this Disability Hoist Usage Form that I agree to the following terms and conditions:

- I agree to observe and obey all posted rules and warnings and further agree to follow any oral directions by City of Cockburn staff.
- I recognise that there is an inherent risk associated with the above described activity and I assume full responsibility for personal injury to myself or client/family member and further release and discharge the City of Cockburn for injury, loss or damage arising out of usage of the disability hoist, whether caused by the fault of myself, client/family member or third party.

Customer signature:

Date: ____/____/____

Staff acceptance:

Date: ____/____/____