



**Rotary Club of Broadbeach**  
**P.O. Box 5220 Q Super Centre**  
**Mermaid Waters. Qld 4218**

**SCOOTER PROJECT APPLICATION FORM**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Weight \_\_\_\_\_ Kg

Age \_\_\_\_\_ Disability \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**FAMILY/SUPPORT SITUATION:**

Married  Single  Divorced  Widow(ed)

Spouse Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Dependant Children: Yes  No  Ages \_\_\_\_\_

**ACCOMODATION:**

House  Unit

Premises: Owned  Rented

Resides with: Spouse  Family  Alone

**TRANSPORT:** Own Car Yes  No

**FINANCIAL DETAILS:**

Source of Income

Salary/Wage \_\_\_\_\_ per month

Pension \_\_\_\_\_ per month

Other \_\_\_\_\_ per month

**TOTAL INCOME** \_\_\_\_\_ per month

**REQUIREMENTS**

If leased a scooter, how often would it be used and for what purpose? (e.g. daily/shopping)

\_\_\_\_\_

Other comments to support this application

\_\_\_\_\_

\_\_\_\_\_

(if insufficient space please attach additional page)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**Approved President** \_\_\_\_\_ Date \_\_\_\_\_