



# Application Form for Australian Wishes for Wheels Program

At APEX Mobility, we believe in giving the gift of mobility. That's why we're proud to launch Wishes for Wheels in Australia—a program that gifts high-performance, custom-fitted manual wheelchairs to those who need them most, but can't access them through traditional funding or support.

Now launching in Australia, one recipient will be selected every three months to receive a brand-new Motion Composites wheelchair—celebrated for its lightweight design, durability, and cutting-edge engineering.

Whether you're a clinician, a carer, a family member, or a manual wheelchair user—you can apply or nominate someone who deserves the chance to experience life in a Motion Composites wheelchair.

Applicants must live in Australia and must be a wheelchair user when they apply. View full Terms & Conditions [HERE](#)

All applicants will receive an email informing them if they were selected or not. The decision of APEX Mobility is final.

**Name of person completing this form \***

## Applicant Details

**1. First Name \***

**2. Last Name \***

**3. Date of Birth \***

 31

**4. Street Address \***


**5. City / Town or Suburb \***

**6. State \***

**7. Post Code \***


**8. Email \***

**9. Phone Number \***



+61 ( ) \_\_\_\_

**10. Alternative contact number**



+61 ( ) \_\_\_\_

**11. Are you an Australian Citizen? \***

**12. How did you hear about the program? \***

**13. Have you ever received a Motion Composites Manual Wheelchair? \***

## Applicant's Background

**14. Why do you require a manual wheelchair? Please state all relevant information, including diagnosis, level of function and mobility and goals \***

**15. What is the cause of the disability? Congenital or acquired? Please add the date of injury if relevant. \***

**16. What is your weight? (used for product selection purpose only) \***

**17. Do you have access to any of the following funding sources: (if you are eligible for any other below funding but have not yet applied or been accepted, please indicate yes to the relevant source) \***

**18. If you answered 'No' or 'Other' to the previous question, please provide further information below:**

## Insights Into Mobility Needs

**19. What device/s are you currently using for mobility? If there are no current devices in use, please briefly outline why. \***

**20. If you have an existing manual wheelchair, what seating products (back support and cushion or positioning supports), are you currently using? \***

**21. What other mobility devices do you have in your possession (being used or not used)? \***

**22a. Is manual wheeled mobility your primary form of mobility? \***

**22b. If you answered 'No' to the previous question, what is your primary form of mobility? \***

**23. What activities and daily life goals do you use or require to use a wheelchair for? \***

**24. What Motion Composites wheelchair do you feel would best suit you and your needs? \***

**25. If applicable, what NXT seating product do you feel best suits your needs? OR will you be using your current seating on the new wheelchair?**

Insights Into the Potential Impact

26. Describe how a new device would improve your quality of life in your home? \*

27. Describe how a new device would improve your quality of life in the community? \*

28. Describe how a new device would impact your family or support network? \*

29. How will a new device allow you to seek/maintain employment, education, volunteer opportunities or participate in various public/social activities? \*

Local Team Support

30. What Assistive Technology Supplier are you currently using or would like to work with is selected? \*

Include business name, location, email, phone number, and a contact name (if you have these)

31. If known, what is the name of the Assistive Technology Consultant you would like to work with? \*

Please provide their phone number and email address

32. Do you have an Occupational Therapist or Physiotherapist within your support network? \*

If Yes, please provide their name, provider service and contact details (phone and email) below:

## Participation in the Program and Consent

**33. If you are completing this application on behalf of the applicant, have they received information on the program and understand the terms and conditions? \***

**34. If you are completing this application on behalf of the applicant, have you received their consent to do so? \***

**35. If selected, when are you able to work with the assessment and supplying team to receive this new wheelchair? \***

**36. Would you be available for a video call/phone call to confirm eligibility for the Wishes for Wheels program? \***

**37. By checking this box, I confirm the above submission is correct and true, and if any information is found to be false or misleading could result in a disqualification from the program in this term and all future terms when the program runs. \***

☐ I agree

**38. By checking this box, I authorise APEX Mobility and Motion Composites to collect and retain my personal information for the purpose of record keeping and announcement of the program recipients. This includes a write-up to be used online and with other forms of media. This is to highlight the impact the program has had on my quality of life and the potential impact it could have on the lives of others. \***

☐ I agree

**39. By checking this box, I confirm I have read and agree to all terms and conditions of the Wishes for Wheels program. \***

☐ I agree

**40. If you wish to also submit any documents or images with your application, you can do it here.**

(Optional section)

Drag and drop files here or [browse files](#)

☐ Send me a copy of my responses

Submit