



# Assessment Form

*Please fill in, save and email to [info@chunc.co.uk](mailto:info@chunc.co.uk)*

Seating Objectives: e.g. to support, accommodate, correct specific needs

- 1)
- 2)
- 3)

Specific pain points: e.g. required for use in multiple locations, is used by multiple carers daily, etc.

- 1)
- 2)
- 3)

**1. How well has the Chunc chair met your seating & mobility needs? - Please tick**

(1 Not as expected, 2 As expected, 3 More than Expected)

1       2       3

**Comments**

**2. Have any additional benefits been identified? - Please specify**



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### 3. Are you required to get alternative quotes for funding purposes?

If yes, please specify supplier and product(s)

1)

2)

3)

### 4. What do you understand that these products do that the Chunc does not?

### 5. Which SEN school does your child/client go to?

### 6. Who is your main day care contact?

### 7. Who is your main wheelchair service contact?



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## 8. Who are the decision makers for this purchase and how will it be funded?

## 9. Is there anything further you need to support this quote? - Please Tick

Clinical Validation

Product Life Costs

Technical Specification Sheets

Testimonial/Case Study

## Agree Next Action (s) - FOR CHUNC SEATING SPECIALIST TO COMPLETE

Please indicate next steps, actions and by what date - e.g. who, what and when?

Today's Date: .....

Initial:.....

SUBMIT