Padding Requirements

In order for us to provide a budgetary price for your padding requirements, please could you provide the following information.

If you approve the budgetary pricing and place a purchase order, we will then conduct a site survey to ensure all final measurements are accurate before production and confirm the estimation or adjust accordingly. You may also be provided with a CAD drawing (at our discretion) to sign before production.

Q1 Full Address (where paddi	ng will be supplied	1)		
Q2 Contact Name & Number:	,			
Q3 Contact Email (for quotati	on to be sent):			
Q4 Please provide below a rooposition of door/windows/radabout.				
Q5 Do you require: (please t	ick all that apply) Supply Only	Installed	How Many	
Wall Padding				Walls
Floor Padding				Floors
Door Padding If needed, please go to Q6				Doors

Radiator Padding and Boxing in Radiators				
If needed, please go to Q6				
Q6 -Question only applies if you require door/radiator padding-				
If you require door pads, please indicate how many:				
If you require door pads, please indicate if you require one side or both sides				
What length are the radiator/s What Height What Height				
If you require radiator boarding and pads, please state how many radiators				
Do you require access to these radiators: Yes No				
-For Wall Padding only-				
-i or wan radding only-				
Q7 What height would you like the wall padding?				
1m				
1.2m				
1.5m				
1.75m				
Custom height Please state				
-For Wall Padding only-				
To Wan Fadaing only				
Q8 If you have electrical sockets or switches (or phone/net sockets) which are within the requested				
height level, you should make your own arrangements for these to be moved to above padding				
height before installation date. If are you unable to move them, please bear in mind that there are				
extra production costs involved to cut around them.				
Yes, I have sockets How many are within the padded area				
No sockets in room				
I'm happy for you to blank				
them off and pad over				
(only available for flush sockets, not surface mounted)				
If Yes, how many sockets/switches are within the requested height level?				
-For Wall Padding only-				
Please state if there is anything else within the requested height level area i.e pipes, conduit,				
existing boxing in, skirting boards etc.				
Yes No If yes, what is within the area:				
it yes, what is within the area.				

Q9 What type of fitting do you require for the walls?
Strong Velcro (but removable) Fixed Hidden Bracket(screwed)connection
High Density Foam: What Thickness: 50mm 100mm Walls
Q10 Do you have a date in mind that you require installation by? (lead time for a medium sized room is approx. 3-4 weeks from receipt of order)
Q11 Do you require anything else within the room? Other sensory or soft play products?
Q12 Is there anything else you feel we should know?

Please send this form back to info@totalsensory.co.uk or fax to 01702 541049. Our postal address is provided below. We will then send you budgetary pricing, if you approve, we will then proceed with a site survey. Colours can be confirmed with the order.



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