



Child Car Seat Consultation Form

This form is to be used each time a child car seat consultation takes place. As a retailer of a child safety product, the following questions should be asked to ensure the correct product is being offered to the customer, ensuring that it fits the child's requirements and any vehicle it will be fitted into.

A Customer consultation details			
Store		Staff name	
Customers name		Date	

Please note: All of the following criteria should be included within a consultation.

B Key information (must ask)		Response		Notes
		kgs	lbs	
1	What is the child's weight?			
		cms	ft/in	
2	What is the child's height?			
3	What is the child's age? (year / months)			
4	What vehicle will the seat be used in?	Make	Model	Registration
5	Will it be used in any other vehicles?	Make	Model	Registration
6	Does the vehicle/s have ISOFIX?	YES	NO	DON'T KNOW
7	Does the vehicle/s have under floor storage?	YES	NO	DON'T KNOW

C Specific scenarios		Response		Notes
8	ISOFIX seat recommended?	YES	NO	
		Go to Q9	Go to Q10	
9	Did you consult the vehicle compatibility list?	YES	NO	
10	Will the seat be fitted in the front?	YES	NO	
		Go to Q11	Go to Q12	
11	Did you advise of the airbag risk?	YES	NO	
12	Is the child under 4 years old?	YES	NO	
		Go to Q13	Go to Q14	
13	Did you discuss the safety benefits of rear facing?	YES	NO	
14	Did you demonstrate how to fit the car seat?	YES	NO	

D Consultation outcome	
15	Seat model, advice given: