



This installation checklist is made available to facilitate the delivery of this special purpose car seat or restraint only, it does not replace the need to consult the user manual as required.

1 - Client and vehicle details

Date of Installation		Client age at time of installation	
Client Name			
Client weight at time of installation		IMPORTANT: Check user weight is within this range prior to commencing installation: 9-36kg	
Main vehicle that client uses for the majority of their travel	Make and model:		
	Year of manufacture:		
Other vehicles used for transport have been checked for compatibility with the Starlight NXT		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 - Installation of Starlight NXT into vehicle

It is recommended images are taken of each completed installation step. These images can be stored in both AT supplier and prescribing therapist's client record system for future reference.

Mandatory Installation Points – tick when each step is complete

- ISOFIX connection made through factory installed ISOFIX points when an audible click is heard. Test connection by gently pulling on both connection points. If no ISOFIX is present, abort delivery of Starlight NXT
- Adjust angle of tilt to suit user
- Starlight NXT pushed forwards in vehicle seat so its backrest is in contact with the vehicle backrest
- Tighten the four grub screws (two screws either side) to secure ISOFIX adaptor to seat base
- Ensure minimum distance of 60cm between rear vehicle seat and front passenger seat backrest



Select the correct vehicle seat belt path once the child's body weight at the time of installation is confirmed:

- Users 9-15kg (car seat mode):** Vehicle seatbelt is routed using the correct path through the back of the Starlight NXT as per the user manual AND the inbuilt 5 point harness is secured and adjusted for a snug fit of the child. OR,
- Users 18kg-36kg (booster seat mode):** Inbuilt 5 point harness is secured and adjusted for a snug fit of the child and vehicle seat belt is secured over the top of the child and the inbuilt 5 point harness as shown in the user manual. This is the mandatory seat belt path when using the XL Upgrade Kit.

Note for users between 15-18kg: Either seat belt path can be selected for users who weigh between 15-18kg. Seat belt path selection for users between 15-18kg should be made based on which seat belt path provides the best fitment for the child.

- Position of the headrest is adjusted to ensure proper fitment of the inbuilt harness and vehicle seat belt path



- Position of lateral supports is adjusted to suit needs of user (under direction from prescribing OT/PT)
- Ensure the webbing of the restraint and seat belt is not twisted or trapped
- Remove any residual slack from the vehicle seat belt

3 - Parent/caregiver training in use of the Starlight NXT

Training and education has been given to parent/caregiver on how to:

- Remove and reinstall the Starlight NXT
- Adjust the restraint, including for growth
- Use and fit all accessories delivered with Starlight NXT
- Use the swivel function within Starlight NXT
- Parents/carers have been advised XL Upgrade Kit can be ordered to further grow the restraint in the future if not supplied at time of delivery

IMPORTANT

There are differences in the road laws between each state and territory in Australia regarding requirements of transporting children with disabilities and medical conditions. Please refer to the MACA website www.macahub.org/resources/forms-and-templates to find out about requirements and processes that apply to the specific state or territory that the Starlight NXT will be used in.

All below parties to complete and sign the below

- Completion of sections 1, 2 and 3 of this form
- Parent/caregiver has been supplied with Parent Safety Checklist relevant to product
- Prescribing therapist to be supplied a copy of completed form and upload to client records stored by the prescribing therapist

AT Product Consultant name and organisation:	Parent/caregiver name:	Prescribing therapist name and organisation:
AT rep signature:	Parent/caregiver signature:	Prescribing therapist signature:
Date:	Date:	Date:

AT rep to retain and store copy of completed form. Parent/caregiver can request copy of completed form.