PLEASE BE SURE TO FILL OUT ALL DETAILS REQUESTED ON THIS FORM AS WITHOUT THEM WE CAN NOT BOOK A DRIVING ASSESSMENT FOR YOU.

DRIVING ASSESSMENT APPLICATION: PERSONAL DETAILS

Surname Mr/Mrs/Ms/Miss……..……..

Forenames…….....

Address……..…….....

……..……

Postcode…….Telephone Number…….……

Date of Birth……..…… Age at assessment……..

Your Height…….. Your Weight…….……..……...

Please state name, contact tel no and relationship (eg friend, son, etc) of person to be contacted to make an appointment for you (if necessary).…….

Please state name, contact tel no, relationship (eg friend, son) to be contacted in case of emergency…….....

HOW DID YOU HEAR ABOUT US: – Please tick box

Been before		**Disabled Driver Group**		**Disability group**		**Doctor**	
Driving Instructor		**DVLA**		**Other Mobility Centres**		**Garage/Adaptor**	
Motability		**Others**		**Therapists SSD**		**Publications/Media**	
Social Worker Services		**Solicitors**		**Therapists Health**		**Friends/Relatives**	

WHO IS PAYING FOR THE ASSESSMENT: Please tick box

Another Charity		**Client/ Family**		**Disability Group**			
Employ.AgencyPACT		**Health Authority**		**Motability**		**Others (Please state)**	
Employer		**Soc Serv Commty Care**		**Solicitors**			

ETHNIC ORIGIN Please tick ONE BOX (categories used in the National Census 2001)

A:White		**B:Mixed**		**C:Asian or Asian British**		**D:Black or Black British**		**E:Chinese or other ethnic group**	
British		**White and Black Caribbean**		**Indian**		**Caribbean**		**Chinese**	
Irish		**White and Black African**		**Pakistani**		**African**		**Any other**	
Any other White Background		**White and Asian**		**Bangladeshi**		**Any other Black background**			
		Any other mixed background		**Any other Asian background**				**Would prefer not to say**	

LICENCE DETAILS

What sort of licence do you hold? **FULL / PROVISIONAL / NONE**
(Please delete as appropriate. If NONE please give reason)

……..…....

Driving Licence Number…….……

Expiry Date……

Do you hold a vocational or motorcycle licence?.....…….……

Number of years driving Experience:

National Insurance Number…….

Are there any restrictions related to your disability recorded on your licence? **YES / NO**

If YES please give details……..……..…...……

……

The law requires you to tell the Driver and Vehicle Licensing Agency (DVLA) about any condition that may affect your ability to drive safely.

Have you informed the DVLA of your medical condition?
(This should be done before your assessment.) **YES / NO**

Has DVLA asked you to stop driving at the present time? **YES / NO**

If YES, why was this? ……..……

…….

Did you decide to return your Licence to DVLA at any time? **YES / NO**

If YES, why was this……..…..

…….

…….

…….

Has your Doctor/Consultant/Occupational Therapist completed a Health Professional referral form for you? Yes / No

What do you hope to achieve from the Assessment? (e.g. adaptations available, confirmation that still safe to drive, returning to driving after a gap)

……..

Please list all medical conditions. Do any of these affect your driving? If yes, how?

……..

……..

……..

Please list all current medications and dosage:

……..……..……..

……..……..……

……..……..……..

……..……..……..

Have you enclosed a healthcare professional referral? **YES / NO**

Do you have any problems with communication? **YES / NO**

Please state nature of problem……

Are you able to read a number plate at a distance of 20 metres? **YES / NO**

MOBILITY DETAILS

Do you use a wheelchair? **YES / NO**

If YES can you transfer unaided into a car seat? **YES / NO**

Please state method of transfer……

Do you usually drive a **MANUAL** or an **AUTOMATIC** car? (Please circle)

Do you receive Personal Independence payments or Disability Living Allowance? YES / NO

What rate is it? **STANDARD / ENHANCED**

APPOINTMENT PREFERENCE

Please state **Morning or Afternoon**
Bristol/Yeovil/Weymouth

How will you be paying for your Driving Assessment ? Cheque with this form: ☐ Online: ☐

Driving and Mobility Centre (West of England)

The Vassall Centre, Gill Avenue, Fishponds, Bristol BS16 2QQ
Telephone 0117 965 9353 Fax 0117 965 3652

REQUEST FOR CONSENT

Medical Information

I give my consent for Driving and Mobility Centre to contact my General Practitioner and/or Consultant for any further medical information relevant to this assessment. This will be treated in strict confidence. I understand that a copy of the report will be sent to the doctors providing the information.

Signed……..……..Date……..

Name (please print)…….…….....

Name of General Practitioner **or** Consultant……

Address……..

…….....

……..Postcode……..…..Telephone…….

Informed Consent

I give my consent and understand that the driving assessment I am to undertake will consist of an off-road evaluation and an on-road assessment of my ability to drive a vehicle.

Signed……...Date……
.

Driver and Vehicle Licensing Agency (DVLA)

I give my consent for Driving and Mobility Centre to contact the DVLA for clarification about my driving status and / or to inform them of the outcome of the assessment.

Signed……..……Date...……..

Data Protection Act 1984 *(Important: Please sign this section so that we can proceed with an assessment. If you have any questions, please contact the Centre)*

I understand and agree that Driving and Mobility Centre are required by its funders to produce statistics about, analysis of, and occasionally research into, the services provided. To facilitate this, my personal information will be held confidentially on computer and paper files at Driving and Mobility Centre for 7 years and then securely destroyed. This information will NOT be transmitted to any other organisation or department unrelated to Mobility Assessments.

Signed:……..Date……..……..

Thank you for completing the above details. Please return the form to the above address.

Community Interest Company No: 2848685