Driving and Mobility Centre (West of England)
The Vassall Centre, Gill Avenue, Fishponds, Bristol BS16 2QQ
Telephone 0117 965 9353 Fax: 0117 965 3652

ASSESSMENT APPLICATION FORM (tick relevant box)

EQUIPMENT
HOIST □    PASSENGER □    SCOOTER □

PERSONAL DETAILS
Surname Mr/Mrs/Ms/Miss…………………………………………………………………………………………………..
Forenames…………………………………………………………………………………………………………………………..
Address………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
Postcode……………………………………………………………………………………………………………………………………
Telephone Number………………………………………………………………………………………………………………………..
Contact number for making appointment (if different from above)…………………………………………………………..
Date of Birth…………………………..Age at assessment…………………………………………………………………………..
Your Height…………………………...Your Weight…………………………………………………………………………………
Name and contact Tel No. in case of emergency……………………………………………………………………………….

HOW DID YOU HEAR ABOUT US – PLEASE TICK BOX

<table>
<thead>
<tr>
<th>Been Before</th>
<th>Disable Driver Group</th>
<th>Disability Group</th>
<th>Other Mobility Centres</th>
<th>Garage/Adaptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving Instructor</td>
<td>DVL A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motability</td>
<td>Others</td>
<td>Therapists SSD</td>
<td></td>
<td>Publications/Media</td>
</tr>
<tr>
<td>Social Worker Services</td>
<td>Solicitors</td>
<td>Therapists Health</td>
<td></td>
<td>Friends/Relations</td>
</tr>
</tbody>
</table>

ETHNIC ORIGIN - PLEASE TICK ONE BOX
(These are the categories used in the National Census 2001)

<table>
<thead>
<tr>
<th>White</th>
<th>Mixed</th>
<th>Asian or Asian British</th>
<th>Black or Black British</th>
<th>Chinese or other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>White and Black Caribbean</td>
<td>Indian</td>
<td>Caribbean</td>
<td>Chinese</td>
</tr>
<tr>
<td>Irish</td>
<td>White and Black African</td>
<td>Pakistani</td>
<td>African</td>
<td>Any other</td>
</tr>
<tr>
<td>Any other White Background</td>
<td>White and Asian</td>
<td>Bangladeshi</td>
<td>Any other Black background</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>Any other</td>
<td>Any other Asian background</td>
<td>Would prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>
**EQUIPMENT**

What equipment would you like to be assessed for? ..........................................................


**NATURE OF DISABILITY OR MEDICAL CONDITION**

*(Information about your medical condition helps us make an accurate assessment and ensures we have correct equipment available)*

Please specify any medical condition and how it affects you.

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..............................................................................................................................................

Please specify any mobility difficulties experienced.

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..............................................................................................................................................

Are you currently on any medication?  

YES / NO

If YES please state name and dosage..........................................................

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..............................................................................................................................................

Have you enclosed a Medical Report?  

YES / NO
MOBILITY DETAILS

Do you use a wheelchair? YES / NO

If YES please state what type of wheelchair you are currently using

………………………………………………………………………………………………………………

If YES how do you transfer into and out of it?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

Do you require the help of another person with daily activities? YES / NO

………………………………………………………………………………………………………………

Do you use a hoist? YES / NO

If YES what type are you using?

………………………………………………………………………………………………………………

Do you have a carer? YES / NO

If YES does your carer have any difficulties?

………………………………………………………………………………………………………………

Are you currently a: - Driver / Passenger / or both within a vehicle
(Please circle option(s) that apply)

What make / model of car do you regularly use?

………………………………………………………………………………………………………………

Do you receive Mobility Allowance or PIP? YES / NO

If YES what rate is it? HIGHER / LOWER

APPOINTMENT PREFERENCE: Morning Afternoon
REQUEST FOR CONSENT TO OBTAIN MEDICAL INFORMATION

I give my consent for Driving and Mobility Centre to contact my General Practitioner/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.........................................................................................................

Address........................................................................................................................................
..................................................................................................................................................

Postcode............................................Telephone.................................................................

and / or Consultant.........................................................................................................................

Address........................................................................................................................................
..................................................................................................................................................

Postcode............................................Telephone.................................................................

It may be necessary in some instances to contact the DVLA or Motability for clarification about your driving status.

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.