

Driving and Mobility Centre (West of England)

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

**PLEASE FILL OUT ALL DETAILS AS REQUESTED
AS WITHOUT THEM WE WILL NOT BE ABLE TO BOOK YOUR DRIVING ASSESSMENT**

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

Have you ever been seen for a Driving Assessment before? YES/NO

If yes, please give details.....

PLEASE ENCLOSE THE FOLLOWING WITH THE COMPLETED APPLICATION FORM:

- A copy of the most recent repeat prescription information
- A copy of any recent clinic letters, where possible
- A copy of any cognitive testing you have undertaken

DRIVING ASSESSMENT APPLICATION : PERSONAL DETAILS

Mr/Mrs/Ms/Miss/other.....Surname.....

Forename/s.....

Address.....

..... Postcode

Landline telephone number.....Mobile.....

Email address.....Date of Birth.....

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

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

Emergency contact details: Name.....tel no.....

Relationship

PLEASE STATE WHO IS PAYING FOR THE ASSESSMENT:

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

APPOINTMENT PREFERENCE Morning or Afternoon Bristol/Yeovil/Weymouth

LICENCE DETAILS

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

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

Driving Licence Number.....Expiry Date.....

Groups licensed to drive (e.g. LGV (truck), PCV (bus), Motorcycle etc.).....

Number of years driving experience..... When did you last drive?.....

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

If YES please give details.....

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What car (make/model) do you currently drive or last drove?.....

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

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 any notifiable medical conditions?
(This should be done before your assessment.) **YES / NO**

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

If YES, why was this?

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

If YES, why was this.....

.....

.....

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

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Please list all diagnosed medical conditions. How do these affect your driving?

.....

.....

.....

Do you have any problems with communication? YES / NO

Please state nature of problem.....

Are you hard of hearing? YES / NO

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

When did you last have an eye examination?

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

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

Please state method of transfer.....

Please state any walking aids you require?

Are you able to walk for up to 100metres? YES/NO

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

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

HOW DID YOU HEAR ABOUT US: – Please tick box

Been before		Friends/Relatives		Publications/Media	
Driving Instructor		Garage/Adaptor		Solicitor	
DVLA		Health Professional		Website	
Driving Mobility/ Other Centre		Motability		Other	

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	

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 2018 (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.