

1. PERSONAL DETAILS

If you have any difficulties completing this application form or have any special needs that you think it would be useful for us to know about, please contact the assessment centre for assistance.

Mr / Mrs / Ms / Miss / Other.....

Forename/s: Surname:

Address:

.....Postcode:

Date of birth: Email address:

Telephone number: Mobile:

Preferred contact method for appointment details/report:

Telephone Email Letter

Have you previously attended a fitness to drive assessment at a Driving Mobility Centre?

*Yes No

If *Yes, please give details of the date and the location.....

2. CONSENT TO SPEAK TO A FAMILY MEMBER / FAMILY / OTHER

The Driving Mobility centre will only discuss information with the applicant. However, on occasion the applicant may wish for us to discuss their details with a third party. **Should you require for Driving Mobility to discuss your information with any other person please provide their details below:**

Do you wish for us to arrange the assessment date directly with the person named below?

Yes No

Name: Relationship:

Telephone number(s): Email address:.....

Address:

..... Postcode:

Please ensure that if there is a Lasting Power of Attorney (LPA) or a Deputyship in place the person's details are listed within this section. Our Centre will also need to receive a LPA / Deputyship certificate.

3. DRIVING

THIS DRIVING SECTION CAN BE LEFT BLANK IF YOU REQUIRE
A TRANSFER ASSESSMENT

What is your current licence entitlement?

- Full Provisional Surrendered None
 Section 88 Revoked Provisional Disability Licence

Was your licence issued in the UK? Yes No Licence expiry date:

If you have any restriction codes on your licence, please list these below:
(refer to the back of your licence for this information)

.....

Are you currently driving? Yes No

If you are not driving when did you last drive?

If not currently driving, why did you stop driving?

Have you been advised to stop driving? *Yes, by whom No

Have you informed the DVLA of your medical condition(s)?

Yes Date..... No

What type of transmission do you drive / last drive? Automatic Manual

Make and model of current or last vehicle.....

Do you think you will be able to continue to drive this type of vehicle?

Yes No Unsure

Is this a Motability vehicle? Yes No

Please give details of any adaptations that you already have fitted to your vehicle

.....

Which type of transmission do you want to drive on the day of your assessment?

Automatic Manual Unsure

Are you hoping to drive a vehicle from your wheelchair? Yes No N/A

4. GP DETAILS

GP Name: Telephone No:

Address:

.....Postcode:

Please attach any other health professional contact details that you feel that will be useful for our Centre to have.

5. YOU AND YOUR MEDICAL INFORMATION

Why are you requiring a driving or transfer assessment?

.....
.....

Please give as much information as you can below detailing of any medical conditions, disabilities or injuries and how these affect you:

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

Date of onset or diagnosis of your condition(s)?.....

Please tick if you have any issues (e.g. limited movement, weakness or issues with grip)

Hands: Left Right Legs: Left Right
Arms: Left Right Feet: Left Right
Spine: Neck:

Have you experienced any of the following (please tick if applicable)?

Allergies Co-ordination issues Memory problems
 Anxiety Dizziness Muscle Spasm
 *Black outs or seizures Fatigue Tremors

If you have ticked any of the boxes in both sections above, please provide details including *dates

.....
.....

Your height Your weight

6. YOUR MOBILITY

Please describe your mobility (please tick all relevant boxes):

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> I can climb stairs | <input type="checkbox"/> I cannot walk at all |
| <input type="checkbox"/> I can walk up to 20 metres (66ft) | <input type="checkbox"/> I can walk over 20 metres (66ft) |
| <input type="checkbox"/> I can weight bear | |

Do you use any of the following (please tick appropriate boxes)? Manual Wheelchair

- | | | |
|---------------------------------------------------|---------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Walking Stick / Crutches | <input type="checkbox"/> Zimmer Frame | <input type="checkbox"/> Rollator |

Can you transfer into a vehicle unaided? Yes No

Do you receive the higher rate of mobility component of DLA or enhanced rate of PIP?

- Yes No

Please state if you use any transfer equipment independently at home or / and in your vehicle (e.g. transfer board, hoist, stowage equipment, handy bar) please provide details below:

.....
.....

7. MEDICATION

Do you take any tablets or medicines now, or have you recently stopped taking any tablets?
Please also include self-monitoring Glucometer for Diabetes if applicable

- *Yes No

If, *Yes please provide details or attach prescription list:

.....
.....

Does your medication cause you any daytime drowsiness? Yes No

8. EYESIGHT AND COMMUNICATION

When did you last have your eyes tested?

If you have any problems with your vision (e.g. double vision, cataracts, glaucoma) please specify:

.....
.....

If you have any communication difficulties, please provide details below:

.....
.....

9. BOOKING INFORMATION

Please list any unavailable dates / times within the next 3 months (holidays, other appointments, times of the day):

.....
.....

Preferred location:

(please refer to your attached booking information sheet for details on outreach centres, please note, unfortunately it is not always possible for your assessment to take place in your preferred location)

Occasionally people cancel appointments at short notice. Would you like us to tell you about last minute cancellations if it would mean an earlier appointment?

Yes No

Was this application form completed by the client? Yes *No

*If No, please give the following details of person completing the form:

Who:.....Why:.....

.....

Is there anything else that would be useful for us to know or if you have any special requirements such as a request for an interpreter during your visit please write that here:

.....

.....

10. ETHNIC ORIGIN

As part of our commitment to reach everyone in the community, it would help us if you could tick one of these boxes for monitoring purposes.

White:

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Asian / Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British:

- African
- Caribbean
- Any other Black / African / Caribbean background

Other ethnic group:

- Arab
- Any other ethnic group

11. CONSENT AND DECLARATION

By completing and returning this application form to the Driving Mobility Centre (Wessex DriveAbility), you are giving consent to undertake a Driving or Transfer Assessment. Your participation in the assessment may be rescinded at any time.

It is important that you understand and agree to the following statements by signing this declaration:

- I fully understand that in exceptional circumstances out of duty of care, Wessex DriveAbility may inform the DVLA of the findings and outcome of this assessment, and any subsequent assessments completed 12 months after my initial assessment (not applicable for transfer assessments)
- If have been directly referred by the DVLA and they are funding my assessment; I fully understand that Wessex DriveAbility will inform the DVLA of the findings and outcome of the assessment and any subsequent DVLA referred assessments completed 12 months after my initial assessment
- I consent to Wessex DriveAbility making contact with the health professional that I have provided details of on this form. This includes when necessary, updating them of appointment dates and sending them a copy of my driving assessment report.
- I consent for Wessex DriveAbility to use information provided for statistical purposes only. Any information that is used by Wessex DriveAbility will be anonymised and will be treated as strictly confidential in line with General Data Protection Regulations.
- All personal data will be processed by Wessex DriveAbility in accordance with the General Data Protection Regulations and according with Wessex DriveAbility's privacy policy and guidelines. For full details please visit our website:
- We will keep your personal data only for as long as reasonably necessary for the purposes for which it was collected. After this time, it will be securely destroyed.
- We will never use your details for the purposes of marketing or promotion or sell or share your details with unrelated third parties.
- I fully understand that if I have funded my own assessment, once my payment and application form has been submitted, if I do not carry out the assessment, Wessex DriveAbility may not refund my assessment fee (please refer to the cancellation policy on the attached booking information sheet)
- You have the right to request to see any personal data that we hold on you and to have any errors corrected. If you have been referred by DVLA, the report is property of the DVLA, therefor requests to see your assessment report will need to be sent to the DVLA. Requests to see data should be made in writing to: The Centre Manager, Wessex DriveAbility, Leornain House, Kent Road, Southampton, SO17 2LJ. We reserve the right to perform an identity check before releasing any personal data.

Client Signature:..... **Date:**.....

Print Name:.....

Thank you for completing the above details.

Please return this form to:

**Wessex DriveAbility, Leornain House, Kent Road, Portswood,
Southampton, SO17 2LJ**

If you have any questions, please contact us on: **02380 554 100**
or email to enquiries@wessexdriveability.org.uk

BOOKING INFORMATION SHEET

(Prior to sending your application detach to keep for your information)

How to Book

For our Centre to book your assessment, we will require a completed application form. A fee may apply, please see details below. As soon as we receive both your application form (and payment if required), we will contact you to discuss your application.

Assessment Cost

Motability referred Driving and Transfer Assessments: No charge (Funded by Motability)

DVLA referred Driving Assessment: No charge (Funded by DVLA)

Self-funded Driving Assessment: £105

Self-funded Transfer Assessment: £59

The assessment is half price for those that have completed an assessment within the last 2 years. If you are being referred by a case manager an alternative fee is due. Please call the Centre for details on 023 80 554100.

Cheques should be made payable to Wessex DriveAbility. Please write your name and address on the back of the cheque. Alternatively an application and payment can be made online at our website: www.wessexdriveability.org.uk

Cancellation or late arrival

For self-funded assessments in the event of you cancelling the appointment within 2 working days from the time of your appointment, there will be no refund and if you wish to re-book an appointment, regrettably a new fee will apply. If you are carrying out a review assessment (no charge) a new fee will apply if you cancel within 2 working days.

If you wish to cancel your booked assessment without re-booking providing more than 2 working days' notice from the time of your appointment, a full refund will be given less £15 administration charge.

If you have not been provided an assessment date and wish to cancel your application, a full refund will be issued.

Should your arrival be delayed please notify us as soon as possible on 02380 554100. If your appointment is delayed by more than 30 minutes it may need to be rearranged for another day, regrettably a new fee will apply.

If you have been referred by Motability or DVLA (a referring agency), re-booking an assessment date is up to the discretion of the referring agency and our Centre may charge the referring agency for any cancelled assessments.

Where can I have my assessment?

Our main Centre is in Southampton, and we also offer outreach Centres to reduce the travelling time for our clients. On receipt of your application, you will be allocated an assessment at your closest Centre, however this is also subject to the needs of your assessment. To find your closest centre please visit:

<https://www.drivingmobility.org.uk/find-a-centre/>

or alternatively please call our Centre on: 02380 554 100

If your assessment has not been booked at your preferred location, this may be due to vehicle, adaptation, equipment or accessible needs.

Please note that all transfer assessments and the majority of Motability referred assessments will take place at our main Centre in Southampton.

We operate assessments at:

Main Centre: Southampton

Outreach Centres Basingstoke Ferndown Isle of Wight Salisbury

Facilities

At our main Southampton Centre there is a comfortable waiting area with tea and coffee available. There are toilets, including accessible facilities, information to read, a television and free Wi-Fi is also available. There are numerous shops and cafes nearby if required.

If you are attending an Outreach Centre, please report to the main reception at each location on arrival.

Please be aware that our outreach Centres are hired facilities that we use to reduce clients' travelling time and do not all have the facilities available at our main Centre in Southampton. Please contact us if you require further details.

All our locations have toilets and are wheelchair accessible.

