

Driving Assessment Application Form Guidance Notes

Please read these notes when completing the 'Driving Assessment Application Form'

Appointments are only allocated on receipt of a completed Driving Assessment Application Form. Please use capital letters when completing the form.

The information you provide us with enables you to access our service. This information may be shared for healthcare purposes, vital interests, legal reasons or public interest but will not be shared for marketing purposes without your explicit consent. For more details on how we process and keep your data secure, visit our website at <https://www.qef.org.uk/privacy> or contact QEF by email or phone.

SECTION A: REFERRAL TYPE

This relates to who is referring you for an assessment. We need this information to process your application efficiently.

SECTION B: ASSESSMENT TYPE & FEES

This relates to the type of assessment required. If you are self-funding the assessment (i.e., **referring yourself and not at the request of DVLA, Motability or any other 3rd party**) the following fees apply:

Car / Taxi	£375
Hi – Tech (a longer appointment)	£540
Lorry / Bus / Coach / Motorcycle	£710

For information on how to make payment, please see the 'Paying for the assessment' section on page 4 of the application form.

SECTION C: PERSONAL INFORMATION

This relates to your name and contact details, which are required by QEF in order to book an appointment. Please note that QEF will use your phone number and email as the primary methods of communication. However, if contact via email is not possible, then communication relating to bookings and/or reports will be sent by post.

In some cases, it may be beneficial for your GP / Consultant to receive a copy of your assessment report. If you DO NOT wish for QEF to send a copy of your report, please do not supply your GP / Consultant details.

SECTION D: MEDICAL INFORMATION

This relates to you and your disability / medical condition and enables us to better understand your assessment needs. If you have not informed the DVLA of a notifiable medical condition, then we ask that you do so prior to returning the application form to us. If you are uncertain whether your condition is notifiable, please visit www.gov.uk/driving-medical-conditions or check with your GP.

In some circumstances, we may need to contact you for more information. If you have previously been assessed by another Driving Mobility Centre, please send a copy of the report (if available) with your application.

SECTION E: DRIVING LICENCE DETAILS

This relates to the legality of you being able to drive on a public highway on the day of the assessment. Therefore, you will need to provide the following for the assessment team:

- **A printout of your online driving record or a check code** that will enable the team to access your online driving record. Go to: <https://www.gov.uk/view-driving-licence>. Please ensure this is completed no more than 3 days prior to your appointment. If you are unable to access your online driving record, please contact QEF who can help you. You will need your National Insurance Number to hand.
- **Your photocard driving licence.** If you have an old-style paper licence or no licence available, please bring along another form of photo ID on the day.
- If you have a Provisional Disability Assessment Licence (PDAL) you will not be able to access an online driving record or get a check code. Please bring along the licence and accompanying PDAL letter.
- If you are driving under section 88, you will not be able to access an online driving record or get a check code. Please bring an alternative photo ID with you on the day of your assessment.

If you do not currently have driving entitlement and this assessment forms part of an application to gain / regain a licence, please be aware that you may require more than one appointment for which there will be an additional charge.

If the assessment team cannot access the required information relating to your driving licence and entitlement to drive, this may result in not being able to progress with the on-road drive on the day. Additional fees will be incurred in order to complete the on-road assessment at a later date.

SECTION F: CURRENT DRIVING ACTIVITY

This relates to your current driving, vehicle and adaptation details and will help us to allocate appropriate vehicles and/or vehicle adaptations. If you are not currently driving or you do not have a vehicle, please supply details of your last vehicle. Please be aware that although we try to accommodate any request to trial particular adaptations, it may not be possible to do so and in those instances, we will utilize appropriate equipment available on site.

SECTION G: MOBILITY AND TRANSFER INFORMATION

This relates to how independent you are in your ability to mobilise and access a vehicle which can better help us accommodate your needs on the day. However, if you are fully dependent on the assistance of another in these respects, please bring along your carer or family member to assist you on the day.

SECTION H: PAYING FOR THE ASSESSMENT

Payment can be made by credit card, debit card, or cheque. If payment is to be made by BACS, please contact QEF for more details. An invoice can be supplied at a cost of £60 + VAT.

Please note: For a self-referral funded by a Health Care Professional or another 3rd party:

1. QEF's contract is with the applicant, or their POA / Court Appointed Deputy, and as such, we will not discuss any aspect of the assessment process with another organisation or their representative. If you (the applicant) wish QEF to liaise with a 3rd party, please do not complete this application form. Please advise the 3rd party/organisation to request/complete the '3rd Party Application Form' available on our website or from the office.
2. The assessment report (one copy only) will go to the applicant and their GP / Consultant if you have provided their contact details in section C. It is the responsibility of the applicant to provide additional copies of their assessment report to other 3rd parties or organisations.

SECTION I: DECLARATIONS & SIGNATURE

QEF operates strictly within the UK General Data Protection Regulations (GDPR). It is therefore important that you understand who we are and why we are asking you to provide this information on the Driving Assessment Application Form. If you are unclear why we are asking for this information, please contact QEF for further clarification.

QEF incurs costs when processing an application for an assessment; therefore, a fee of 25% will be retained in the event of cancellation where no further booking is required.

If you fail to give at least 7 days' notice of cancellation, fail to attend or complete the assessment, the full fee will be retained by QEF to cover associated costs.

On the day of the assessment, you have the right to withdraw your consent at any time regarding proceeding with the assessment. However, in some cases outside of QEF's control, this may result in QEF not being able to support the applicant in continuing / returning to drive. Specific information and guidance would be provided to the applicant on the day of the assessment based upon their unique circumstances.

It is sometimes considered useful to record images during the assessment in order to help convey or reach a recommendation. For example, a posture and seating solution may be best captured in a photograph which could be added into the final written report for future reference.

If you are not independent with mobilising, self-care and transferring in / out of a vehicle, it is recommended that you bring somebody along with you to the assessment to assist you on the day. However, in some exceptional cases, the assessor may need to assist you in accessing equipment or vehicles relevant to the assessment process.

How to proceed with your application

Please print and complete the Driving Assessment Application Form below in full using capital letters and email it to: mobility@gef.org.uk

If you do not have access to email, please post the completed form to your preferred assessment location:

- **For Carshalton, Worthing, Leatherhead or Twickenham, send to:**
QEF Mobility Services, 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW
- **For Southampton, send to:**
QEF Mobility Services, Regus, Solent International Business Park,
George Curl Way, Southampton SO18 2RZ

Please note that appointments at Worthing, Leatherhead and Twickenham are limited in terms of booking availability and resources.

As a reminder, appointments are only allocated on receipt of a completed Driving Assessment Application Form and payment of fees (if applicable).

Driving Assessment Application Form

Please refer to the accompanying 'Driver Assessment Application Form Guidance Notes' in order to complete this application

C/Ref:

WO:

Booking:

PDAL

☐

SECTION A: REFERRAL TYPE (tick one box)

☐

Self-referral

☐

DVLA

☐

Motability

☐

Other

SECTION B: ASSESSMENT TYPE (tick one box)

☐

Car

☐

Taxi

☐

Motorcycle

☐

Lorry

☐

Bus / Coach

☐

Other (please specify).....

SECTION C: PERSONAL INFORMATION

Title: Forename:

Surname:

Date of birth:

Email:

Address:

Contact Tel (1)

Postcode:

Contact Tel (2)

How did you hear about us?

If you do not wish for us to send a copy of your assessment report to your GP or Consultant, please do not include your GP / Consultant details.

GP / Consultant name:

Address:

SECTION D: MEDICAL INFORMATION

Details of your disability/medical condition (if necessary, continue on a separate sheet):

Date of onset:

Have you informed the DVLA of your disability / medical condition?	Yes / No
Have you ever had a head injury / period of unconsciousness / brain surgery? If yes, please supply details:	Yes / No
Have you ever experienced fits / seizures? If yes, when was the last episode?	Yes / No
Do you have episodes of fainting? (other than associated with the sight of blood or bad news). If yes, when was the last episode?	Yes / No
Do you experience dizziness or vertigo? (exception as above)	Yes / No
Do you have diabetes? If yes, is it controlled by insulin, tablets or diet?	Yes / No
Have you ever had a hypoglycemic episode? If yes, please supply details:	Yes / No
Do you have a vision defect? (e.g., double vision or a visual field deficit). If yes, please supply details:	Yes / No
Do you experience pain?	Yes / No
Do you have any difficulty with your hearing?	Yes / No
Have you been assessed by QEF or another Driving Mobility accredited Centre? If yes, specify when and where:	Yes / No

SECTION E: DRIVING LICENCE DETAILS (tick one box)

- ☐ None ☐ Full ☐ Provisional ☐ Section 88
- ☐ PDAL (Provisional Disability Assessment Licence)

Licence number (if known):

Expiry: / /

If you do not have a licence or it is about to expire, have you applied or re-applied to the DVLA for a licence? Please give details below:

SECTION F: CURRENT DRIVING ACTIVITY

Are you currently driving?

Yes / No

If YES, how many miles a week?

Details:

If NO, when and why did you stop driving?

Make/model of your current or last vehicle:

Automatic / Manual

If you have any driving adaptations fitted to this vehicle, please specify below:

Are there any specific adaptations that you are interested in? If so, please specify below:

SECTION G: MOBILITY AND TRANSFER INFORMATION

Do you require any of the following to mobilise? (tick all that apply)

- ☐ Another person ☐ Walking stick / crutches ☐ Rollator / frame
- ☐ Manual wheelchair ☐ Powered wheelchair ☐ Electric scooter

If you use a wheelchair or scooter, please supply the make, model and width (measured from the outside of one wheel to the outside of the other wheel. Please state whether the measurement is in inches or centimeters):

Can you independently load/unload your wheelchair/scooter into a vehicle?

Yes / No

Can you independently transfer into and out of a vehicle?

Yes / No

If you require any equipment or assistance to transfer, please specify below:

SECTION H: PAYING FOR THE ASSESSMENT (tick one box)☐

Myself (the 'applicant')

☐

Family / friend

☐

A Health Care Professional (HCP) / another organisation. Please specify details below:

HCP / Organisation:

Address:

Telephone:

Postcode:

Email:

Office use: Amount paid:

Reference:

Notes:

SECTION I: DECLARATIONS & SIGNATURE	
I have read the 'Driving Assessment Application Form Guidance Notes' which accompany this application form	Yes / No
I understand that there is a 25% administration charge for all cancellations if another appointment is not required	Yes / No
I understand that if I cancel the appointment without giving at least 7 days' notice, fail to attend or do not complete the assessment, my fee will not be refunded	Yes / No
I understand I have the right to withdraw from the assessment at any time	Yes / No
I understand that staff may record images during the assessment to provide additional content to the written report	Yes / No
I understand that the assessment may involve some manual handling to enable me to access any relevant equipment, such as the static rig unit or into a car	Yes / No
<p>I declare that the information supplied above is accurate to the best of my knowledge:</p> <p>Signed..... Date.....</p> <p>If there is a Power Of Attorney (POA) in place or a court appointed deputy, please attach a copy of the document and sign below:</p> <p>POA (Print Name).....</p> <p>Signed..... Date.....</p>	Yes / No

EQUAL OPPORTUNITIES DATA (Optional to complete)

We are obliged to ask your ethnic origin by the organisations who fund our service.

You do not have to answer this question. It will not affect the service you receive.

Asian Bangladeshi () Asian Indian () Asian Other () Asian Pakistani ()

Black African () Black Caribbean () Black Other () Chinese ()

Mixed Other () Mixed White + Asian () Mixed White + Black African Mixed ()

Mixed White + Black Caribbean () White British () White Irish () White Other ()

Ethnic Other () Please specify.....

Decline to comment ()

Consent to speak to a family member or friend

If you are over the age of 13 and you would like a family member or friend to act or speak on your behalf, please complete this form and return it to us with your application form. You can change your decision at any time but need to inform us in writing.

INDIVIDUAL 1

Title: Forename:	Surname:	
Relationship to you:	Email:	
Address:	Contact Tel (1)	
Postcode:	Contact Tel (2)	
When would you like QEF to contact the person named above? <ul style="list-style-type: none"> To make appointments on my behalf To discuss progress, recommendations and outcomes To make payments 		Yes / No Yes / No Yes / No

INDIVIDUAL 2

Title: Forename:	Surname:	
Relationship to you:	Email:	
Address:	Contact Tel (1)	
Postcode:	Contact Tel (2)	
When would you like QEF to contact the person named above? <ul style="list-style-type: none"> To make appointments on my behalf To discuss progress, recommendations and outcomes To make payments 		Yes / No Yes / No Yes / No

Signature: Name: Date: