

Sent/Initials.....

QEF Mobility Services  
1 Metcalfe Avenue, Carshalton  
Surrey, SM5 4AW  
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Email: [mobility@qef.org.uk](mailto:mobility@qef.org.uk)  
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**QEF**

queen elizabeth's  
foundation for  
disabled people  
achieving goals for life

**DRIVING ASSESSMENT APPLICATION FORM**

*USING CAPITAL LETTERS, PLEASE RETURN THIS COMPLETED FORM AS SOON AS  
POSSIBLE AS WE ARE UNABLE TO BOOK APPOINTMENTS WITHOUT IT*

***Please tick one of the boxes below***

Self referral

DVLA referral

Motability referral

QEF referral

**For office use only:**

**PERSONAL INFORMATION**

**TITLE:**

**SURNAME:**

**FORENAME:**

**DATE OF BIRTH:**

/ /

**EMAIL:**

**ADDRESS:**

**Contact Tel (1):**

**POSTCODE:**

**Contact Tel (2):**

**If we have to call you and you are not available may we leave a message?**

**YES/NO**

Please give brief details of your disability/medical condition (if necessary, please continue on a separate sheet):

**OFFICE USE ONLY: Notifiable: YES/NO**

Date of onset:

Do you experience any pain?

**YES/NO**

Have you informed the DVLA of your disability/medical condition?

**YES/NO**

Have you been assessed by this Mobility Centre before? If **YES**, what year?

Please give details:

How did you hear about us:

**DRIVING EXPERIENCE AND LICENCE DETAILS** (please tick as appropriate)

Is this assessment for: a car  lorry   
taxi  bus/coach   
motorbike  Other (please specify) .....

**IMPORTANT: in order to carry out the in-car drive on public roads you will need to have one of the following:** (please indicate the one that applies to you)

a) Full driving licence	b) Provisional driving licence	c) Provisional Disability Assessment Licence
d) Letter of authorisation to drive from the DVLA (Section 88)	e) I do not have any of the above	

Licence number (if known): \_\_\_\_\_ Expiry date: \_\_\_\_\_

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?  
**YES/NO**  
Please give details:

**If this assessment is part of an application for a licence, you may need more than one appointment, for which there will be an additional charge.**

**INFORMATION ABOUT YOUR CURRENT DRIVING ACTIVITIES** (\* please delete as appropriate)

Are you driving at the moment? <b>YES/NO (*)</b> Automatic/manual? (*)	If <b>YES</b> , approximately how many miles a week?
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If **NO**, when did you last drive?

If **NO**, why have you not driven for this time?

Does it have any adaptations? **YES/NO (\*)** If YES, please specify:

Are there any specific adaptations you would like to view/try? Please give details below.

<b>INFORMATION ABOUT YOUR CURRENT DRIVING ACTIVITIES continued</b>	
Can you independently transfer into and out of a car?	<b>YES/NO</b>
Do you need equipment/assistance to transfer? If YES, please give details.	<b>YES/NO</b>
Are you a wheelchair or electric scooter user?	<b>YES/NO</b> <b>MANUAL/ELECTRIC (*)</b>
Name/type of wheelchair/scooter:	
Can you independently load/unload your wheelchair/scooter into a vehicle?	<b>YES/NO</b>

**MEDICAL INFORMATION** (\* please delete as appropriate)

<b>1</b>	<b>Have you ever had a head injury/period of unconsciousness/brain surgery?</b>	YES/ NO
	If YES, please give date and details:	
<b>2</b>	<b>Have you ever had epilepsy?</b>	YES/ NO
	If YES, when was the date of your last episode? *We may need to contact you for further information*	
<b>3</b>	<b>Do you have episodes of fainting?</b> (Other than simple attacks associated with the sight of blood or disturbing news etc)	YES/ NO
	If YES, when was the date of your last episode?	
<b>4</b>	<b>Do you have dizziness or vertigo?</b> (Exceptions as above)	YES/ NO
	If YES, when was the date of your last episode?	
<b>5</b>	<b>Do you have diabetes?</b>	YES/ NO
	If YES, a) is it controlled by insulin?	YES/ NO
	b) is it controlled by tablets?	YES/ NO
	c) have you ever had a hypoglycaemic episode?	YES/ NO
	If YES, when was the date of your last attack?	
<b>6</b>	<b>SIGHT: Do you have any defect of vision?</b> (Other than requiring correction by spectacles)	YES/ NO
<b>7</b>	<b>HEARING: Do you have any difficulty with your hearing?</b>	YES/ NO

**GENERAL PRACTITIONER (GP)/CONSULTANT INFORMATION**

General practitioner/Consultant:

Address:

Telephone:

Postcode:

**LIFESTYLE INFORMATION** (\*please delete as appropriate)

Do you require assistance for: (please give details in the space provided)

Personal care?	YES/NO	
Domestic tasks?	YES/NO	
Outdoor mobility?	YES/NO	

How has your condition caused you to alter you lifestyle, employment situation or leisure activities?

**DECLARATIONS**

I agree that the assessment may involve some manual handling application to enable me to access any relevant equipment, such as the static rig unit or into a car. **YES/NO**

I agree that staff may record images during assessments to provide additional content to the written report. **YES/NO**

I give consent for this assessment to be carried out and for QEF Mobility Services to contact my Doctor, should it be considered necessary, for any further medical information relevant to this assessment, which will be treated in strict confidence. **YES/NO**

I agree that a copy of the report will be sent to my Doctor by QEF Mobility Services. **YES/NO**

I understand I have the right to withdraw from the assessment at any time. **YES/NO**

I understand that I **must** provide my National Insurance number when asked at time of booking, to confirm my driving status and complete a driving licence check.

I accept if I fail to attend my appointment, or do not complete the assessment or if I do not give at least 7 days cancellation notice, the fee will not be refunded. There will be a 25% administration charge for all cancellations if another appointment is not required.

Signed ..... Name ..... Date .....

**OFFICE USE ONLY**

Amount paid: £.....

REF:.....

## Prices/Fees

Please **do not** fill in this page if you are a DVLA or a MOTABILITY referral.

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<b>Full Cost of an assessment for a CAR/TAXI</b>	<b>£180</b>
<b>LORRY/BUS/COACH/MOTORBIKE</b>	<b>£375(includes off-site costs)</b>
<b>HI-TECH (Double Appointment)</b>	<b>£325</b>

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## Payment

**Mastercard/Visa/Delta/Switch:** (Please delete as appropriate)

A member of our bookings team will contact you when we receive your application to make the payment.

**Cheque/Postal Order :** (please delete as appropriate)

**Made payable to:** "QEF Mobility Services" - **Please send with this application form.**

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**If you are not paying for the assessment yourself, please provide details of the person/organisation who has agreed to meet the cost of the assessment.**

<b>Name (person/organisation):</b>	
<b>Address:</b>	<b>Postcode:</b>
<b>Contact Name:</b>	<b>Contact Tel No:</b>

This page is left blank intentionally

## EQUAL OPPORTUNITIES DATA

We are obliged to ask this information from the organisations that fund our service.

You do not have to answer these questions, and if you choose not to, this will not make any difference to the service you receive. This section of the application form will be detached and the information collected will only be used for monitoring purposes in an anonymised format.

### **Ethnic Origin:**

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 \_\_\_\_\_

Declined to comment ( )

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**PLEASE READ, SIGN AND RETURN WITH YOUR APPLICATION**

**Consent for a 3<sup>rd</sup> party to act or speak on your behalf**

If you are over the age of 13 and wish for someone to act or speak on your behalf, please complete the details below.

**Individual 1**

Name: .....Relationship to client:.....

Address: .....

.....Postcode.....

Mobile: .....Email: .....

Please indicate when you would like QEF to contact the person named above: -

To make appointments on my behalf YES  NO

To provide a driving record on my behalf YES  NO

To discuss progress, recommendations and outcomes YES  NO

If you want to change your decision at any time in the future, please let us know in writing.

If there is a Power of Attorney in place or a court appointed deputy, please attach a copy of the document.

**Individual 2**

Name: .....Relationship to client:.....

Address:.....

.....Postcode.....

Mobile: .....Email: .....

Please indicate when you would like QEF to contact the person named above: -

To make appointments on my behalf YES  NO

To provide a driving record on my behalf YES  NO

To discuss progress, recommendations and outcomes YES  NO

If you want to change your decision at any time in the future, please let us know in writing.

If there is a Power of Attorney in place or a court appointed deputy, please attach a copy of the document.

**Client Signed** ..... **Name** ..... **Date** .....

## **QEF Mobility Service**

### **Privacy Policy**

QEF Mobility Service understands that privacy and the security of your personal information is extremely important. Because of that, this policy sets out what we do with your information and what we do to keep it secure. It also explains where and how we collect your personal information, how long we will keep it, who we share it with as well as your rights over any personal information we hold about you.

#### **What information do we have or hold on you?**

We may collect personal information about you when you contact us regarding any aspect of our work e.g. assessment services, driving school, advice and information on mobility, equipment/room hire, events and training courses. We will ensure that we only collect enough information in order to allow us to provide the appropriate service, report to our funders, and which is reasonable and fair. The sort of information we will hold will include:

- Personal Information relevant to the service you are accessing, such as your contact details, date of birth, National Insurance number, financial details and any feedback you give to us;
- Information about the services that we provide to you (including for example, the things we have provided to you, when and where, what you paid, the way you use our Service, and so on);
- Information regarding the outcome of any assessment we provide and reports summarising these outcomes including medical references;
- Information about how you have used our services for example, we try to identify how we have worked with you. If you use our website, we try to identify when and how you use it through the use of cookies;
- Sensitive personal information regarding your racial/ethnic origin and your health including disabling conditions.
- Call logs detailing discussions we have had with you or a 3<sup>rd</sup> party relating to you.

Please note that providing your personal information is a condition of using our service so if you are unable to share this information with us then we will be unable to help you.

#### **Lawful basis**

The GDPR requires us to rely on one or more lawful grounds to process your personal information. These are the grounds we think are relevant:

- Where you've given us your consent for us to use your personal information in a certain way. For example, we are seeking your consent at the end of this form for a lot of the processing we undertake.
- Where necessary so that we can comply with a legal obligation. For example where we need to share your personal information with regulatory bodies which govern our work and services, such as notifying the DVLA as the licensing authority for drivers in the UK.
- Where necessary for the performance of a contract which we have with you or to take steps before entering a contract (for example, if you wish to arrange an assessment with us or to hire equipment).

- Some processing is undertaken on the basis that it is in our legitimate interests and not overridden by your rights. For example, information about how you have used our services.

### **How we use your information**

Personal information which you supply to us may be used a number of ways, for example:

- To provide you with an efficient assessment of your needs
- To help us understand more about you and to improve our service;
- To provide the services you requested;
- To ensure efficient and accurate administration of your request;
- To process your request or payment;
- To manage your case or complaint
- To help answer your questions and solve any issues you have;
- For statistical analysis to:
  - provide services to the wider community, including on a national level, through the use of anonymised information.
  - support a grant or funding application through the use of anonymised information
  - report to existing funders
  - inform annual reports

In accordance with our retention policy we will keep your personal information for 8 years after which it will be securely disposed of.

### **How we will ensure your information is kept safe**

- We take security measures to protect your information including: -
- ensuring only authorised personnel have access to administrative areas of the building;
- storing paper-based information in lockable areas;
- limiting access to paper-based and electronic information to those who need to see it;
- running through ID verification questions before disclosing information over the telephone;
- implementing access controls to our information technology
- disposing of data at the end of the retention period
- information will only be transferred outside of the UK with your consent and if specified secure conditions are met.

### **How we share your information**

The outcome of your assessment and associated notes will be disclosed to:-

- Your funder including solicitors, insurance companies and employers;
- The referring agent for example Motability and the DVLA;
- Healthcare professionals within the NHS or in private practice, including your GP, hospital consultants/specialists, local therapy teams, and the DVLA medical branch;
- Someone with a Power of Attorney or a court appointed deputy to act on your behalf in financial or medical decisions.

We may disclose your personal data to third parties when permitted to do so including:

- where we are acting as the data processor for another data controller;
- where we have a contract with a processor acting on our behalf;
- if we have a lawful basis for doing so;
- if we are under a duty to disclose or share your personal data in order to comply with any legal obligation. This includes providing your personal data to other organisations, such as the Police, for the purposes of prevention and detection of crime and the DVLA for the purposes of your own or public safety

We will not disclose your data to anyone else without your consent.

### **Your rights**

We will ensure you can exercise your rights in relation to the personal data you provide to us.

You have the right: of access; to rectification; to erasure; to restrict processing; and to object. You have the right to data portability and where QEF use an industry standard application, we will provide portable data formats. If you wish to exercise these rights please contact [dataprotection@qef.org.uk](mailto:dataprotection@qef.org.uk). There is an additional right relating to automated decision making but QEF does not undertake any automated decision-making activities.

If you have any privacy-related questions or unresolved problems relating to the use of your personal data, you may complain to us by contacting us at [dataprotection@qef.org.uk](mailto:dataprotection@qef.org.uk)

You also have the right to complain to the Information Commissioner's Office about our collection and use of your personal data. They can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, [www.ico.org.uk](http://www.ico.org.uk).

### **Changes to our privacy notice**

We keep our privacy notice under regular review and we place any updates on this web page. This privacy notice was last updated on 19<sup>th</sup> February 2020.

### **Further information/Contact us**

For further information on how your information is used, how we maintain the security of your information, your rights to access information we hold on you, or details on how long we hold your information:

Contact us via email: [mobility@qef.org.uk](mailto:mobility@qef.org.uk) or write to us at:

**QEF Mobility Service, 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW**

**Consent**

- I agree that QEF can hold, use and share information about me (as detailed above).
  
- I do not agree that QEF can hold, use and share information about me (as detailed above). Please detail below any concerns you may have or any restrictions/modifications you would like made below and our staff team will discuss these you.

**Concerns, restrictions or modifications**

Client Signed	Name	Date