

Sent/Initials.....

QEF Mobility Services  
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**Please fill in all boxes on the application form.**

We need this information to provide you with our services, and although data may be shared for healthcare purposes, vital interests, legal reasons or public interest, it will not be shared for marketing purposes without your explicit consent. For more detailed information on how we process your data and keep it secure, you can visit our website at <https://www.qef.org.uk/privacy/> or contact the office by email or phone.

**HUBS MOBILITY ADVICE SERVICE APPLICATION FORM FOR SELF REFERRERS**

For office use only:

**PERSONAL INFORMATION – Please use capital letters**

<b>TITLE:</b>	<b>SURNAME:</b>	<b>FORENAME:</b>
<b>DATE OF BIRTH:</b>	/ /	<b>EMAIL:</b>
<b>ADDRESS:</b>	<b>Contact Tel (1):</b>	
<b>POSTCODE:</b>	<b>Contact Tel (2):</b>	

<b>If we have to call you and you are not available may we leave a message?</b>	<b>YES/NO</b>
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**A. About you**

*To get a better understanding of how we can help you to the maximum extent possible, please fill in as much detail as possible.*

What is the nature of your disability/medical? Please give brief details.

Date of onset:	Do you experience any pain?	<b>YES/NO</b>
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Please describe how your condition affects you.	
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Are you currently a car driver?	<b>YES/NO</b>
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If you currently drive but find driving hard due to your medical condition or other reason, please write the reason below. (As a service we may be able to help you with a more comfortable drive than you are currently experiencing.)

Have you recently been advised to stop driving? **YES/NO**

If yes, did you have a driving assessment at Queen Elizabeth Foundation Mobility Services, Carshalton?  
**YES/NO**

Can you leave your property independently? (If for example, you live in a block of flats, can you access the outside communal door independently?) **YES/NO**

*(As a service, we can signpost you to services that can help in your rights to be able to live as independently as possible and access your community from home.)*

If not, please briefly describe why:

## **B. How we can help**

Do you use any of the following? (Please tick)

Motorbike

Bicycle

Mobility Scooter

Wheelchair (manual)

Wheelchair (powered)

If you currently do not use a powered wheelchair or a mobility scooter and have a medical condition that affects your mobility, have you considered wanting to get one? **YES/NO**

*(Our service can refer you for an assessment with an occupational therapist. You will get to try various pieces of equipment at our place in Carshalton. You will then be sent a detailed report. We can also discuss if you would like to hire one first before buying. If you intend to use it on public transport, we can also signpost you to travel mentors to help you gain confidence in using the transport network.)*

Are you happy using public transport? **YES/NO**

*(As a service we may be able to help you become a confident traveller on public transport.)*

If not, please briefly explain why this is:

Do you use community transport? \* **YES/NO**

If yes, please tick the ones you use:

Dial-A-Ride/Community Bus door-to-door service

Taxicard (London boroughs only)

Volunteer drivers (London boroughs/other areas)

Hospital transport

*\* (Community transport is a door-to-door service available for those in our community who cannot use public transport due to their disability or frailty. A friend/relative can also accompany you.)*

Would you be interested in knowing about door-to-door transport services within your area? **YES/NO**

Would you like to be signposted to organisations within your community that organise community groups? **YES/NO**

*(Our service can signpost you to organisations that can help you regain an interest in a hobby or find a new one. In addition, community groups within your area that do day trips out for example.)*

Are you housebound? **YES/NO**

If yes, please briefly describe why this is:

*(Our service can signpost you to organisations that can help in getting you out in your community. If you would prefer not to leave your home or are bed bound, we can advise on visiting services, e.g., weekly befriending services that can visit your home or alternatively call you by phone.)*

**DECLARATION**

I give consent for Hubs Mobility Advice Service to make contact with me. **YES/NO**

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

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

**CLIENT NAME:** ..... **Date of birth** .... / .... / .....

**If you are over the age of 13, and you would like a family member/friend to act or speak on your behalf, please complete details below:**

**Individual 1**

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

Address: .....  
..... Postcode.....

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

**Individual 2**

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

Address:.....  
..... Postcode.....

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

Signature:..... Name:..... Date:.....

