

Sent/Initials.....

**QEF Mobility Services**  
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Surrey, SM5 4AW  
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**Mobility  
Services**

**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.

**TRANSFER & SEATING ASSESSMENT**

(Vehicle specifications, transferring in and out, safety and posture for travelling,  
loading equipment and travelling in a wheelchair.)

For office use only:

**PERSONAL INFORMATION**

<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>	

**If we have to call you and you are not available may we leave a message? YES/NO**

What is the nature of your disability/medical condition?

Please give brief details:

Date of onset:	Do you experience any pain?	<b>YES/NO</b>
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Do you use a hoist? **YES/NO** If YES, please give details

Are you in receipt of the higher rate mobility component of the Disability Living Allowance or the enhanced rate of the mobility component of Personal Independence Payment? **YES/NO**

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

Please give details?

If **NO**, how did you hear of us?

In order to meet your needs, and to ensure that we have the right products available for trial, please complete the following before your assessment.

Are there any specific products you would like to see during your assessment? Please state model details and explain why.

#### **A: ABOUT YOUR CIRCUMSTANCES**

1. What do you hope to gain from your assessment?

2. Do you currently have any mobility equipment e.g. walking frame or wheelchair which you wish to take in the vehicle with you? Please provide details of weight, make, model and dimensions.

3. How do you currently get around indoors?

4. How do you currently get around outdoors?

5. What is the make and model of your current vehicle?

a) Make:

b) Model:

c) Estate/Hatchback (please delete)

6. Does it have any adaptations? YES/NO

Please list:

7. Are you planning to change your car? YES/NO

8. So that we can advise you, please let us know how any new vehicle will be financed (please circle):

Motability    Private purchase    Company car    Other

9. Please let us know if you will be using the report to provide information to any third party. If so, please give details:

**ABOUT YOU OR THE PERSON WHO NEEDS THE ASSESSMENT**

<b>1</b>	What is your height:	What is your weight:
	Please describe how your condition affects you:	
<b>2</b>	Where do you park your car? (please circle) Garage    Driveway    On-road    If Other (please describe):	
<b>3</b>	Are there other factors that we should be aware of e.g. pain, fatigue, hearing or visual impairment? Please describe:	YES/ NO
<b>4</b>	Can you stand from sitting independently? (please circle) YES        NO        Only with assistance (*)        Only with equipment (*) (*) please give details	
<b>5</b>	Do you have difficulty getting in or out of a car? If yes, please give details:	YES/ NO
<b>6.</b>	Please add anything else you think we ought to know:	
General Practitioner/Consultant:		Address:
Telephone:		Postcode:

## DECLARATIONS

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

I understand that there will be a 25% administration charge for all cancellations if another appointment is not required. **YES/NO**

I understand that 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. **YES/NO**

I understand 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. **YES/NO**

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

I give consent for a copy of the report to be sent to my Doctor by QEF Mobility Services. **YES/NO**

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

**OFFICE USE ONLY**

**Amount paid: £**..... **REF:**.....

**CLIENT NAME:.....DATE OF BIRTH...../...../.....**

**Cost of Transfer & Seating assessment: £255.00**

**If you are over the age of 13 and do not have the above, and you would like a 3rd party to act or speak on your behalf, please complete 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 discuss progress, recommendations and outcomes YES ☐ NO ☐

To make payments YES ☐ NO ☐

**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 discuss progress, recommendations and outcomes YES ☐ NO ☐

To make payments YES ☐ NO ☐

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

Client signed ..... Name..... Date .....

## 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 ( )