

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.

**DRIVING ASSESSMENT APPLICATION FORM FOR USE BY THE FOLLOWING:**

**Solicitors, case managers, employers, Wheelchair Services, Access to Work, unions etc**

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS AND RETURN AS SOON AS POSSIBLE AS WE ARE UNABLE TO BOOK APPOINTMENTS WITHOUT IT.

For office use only:

**Organisation:**

**Contact name:**

**Contact Tel No:**

**Contact email:**

**Address:**

**Your reference number:**

**Payment is required in advance.** Please provide account contact details if different from above.  
Contact name  
Contact telephone number

Contact postal address

Contact email address

**For litigation only:**

**Court:**

**Case Number:**

**Matter of:**

**Fee Structure**

Assessment type	Cost (£)	VAT (£)	Total (£)
Litigation	1150	230	1380
Non-Litigation, Rehabilitation, return to work, etc.	870	174	1044

CLIENT'S PERSONAL INFORMATION	
TITLE:      FORENAME:	SURNAME:
DATE OF BIRTH:      /      /	EMAIL:
ADDRESS:	Contact Tel (1)
POSTCODE:	Contact Tel (2)
Please give brief details of your client's disability/medical condition (if necessary, please continue on a separate sheet):	
OFFICE USE ONLY: Notifiable: YES/NO	
Date of onset:	Do they experience any pain?      YES/NO
Have they informed the DVLA of their disability/medical condition?      YES/NO	
Have they 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 an assessment for:	
a car <input type="checkbox"/>	lorry <input type="checkbox"/>
taxi <input type="checkbox"/>	bus/coach <input type="checkbox"/>
motorbike <input type="checkbox"/>	other (please specify)

<b>IMPORTANT: in order to carry out the in-car drive on public roads, your client will need to have one of the following: (please indicate the one that applies to them)</b>		
a) Full driving licence	b) Provisional driving licence	c) Provisional disability assessment licence
d) Section 88	e) I do not have any of the above	
Licence number (if known):		Expiry date:      /      /
If they do not have a licence or it is about to expire, have they applied or re-applied to the DVLA for a licence?      YES/NO		
Please give details:		

**Your client will need to bring a paper copy of their driving record on the day of their appointment or provide us with a check code (<https://www.gov.uk/view-driving-licence>). Failure to provide this document will mean that we are unable to undertake an assessment on public roads and there will be an additional fee to return to the centre to complete this part of the assessment.**

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

<b>INFORMATION ABOUT YOUR CLIENT'S CURRENT DRIVING ACTIVITIES</b> (* please delete as appropriate)	
Are they driving at the moment? <b>YES/NO</b> (*)	What is the make and model of their car?
If YES, approximately how many miles a week?	Automatic/manual? (*)
If <b>NO</b> , when did they last drive?	
If <b>NO</b> , why have they not driven for this time?	
Does it have any adaptations? <b>YES/NO</b> (*) If <b>YES</b> , please specify:	
Are there any specific adaptations your client would like to try/view? Please give details below.	
Can your client independently transfer into and out of a car?	<b>YES/NO</b>
Does your client need equipment/assistance transfer? If YES, please give details.	<b>YES/NO</b>
Are they a wheelchair or electric scooter user? <b>YES/NO</b> (*) <b>MANUAL/ELECTRIC</b> (*)	
Name/type of wheelchair/scooter:	
Width of the wheelchair measured from the outside of one wheel to the outside of the other wheel. Please state whether the measurement is in inches or centimetres.	
Can your client independently load/unload your wheelchair/scooter into a vehicle?	<b>YES/NO</b>

<b>LIFESTYLE INFORMATION</b> (*please delete as appropriate)		
Does your client require assistance for: (please give details in the space provided)		
Personal care?		
Domestic tasks?		
Outdoor mobility?		
How has your client's condition caused them to alter their lifestyle, employment situation or leisure activities?		

CLIENT'S MEDICAL INFORMATION (* please delete as appropriate)		
1	<b>Have they ever had a head injury/period of consciousness/brain surgery?</b>	<b>YES/NO</b>
	If YES, please give details:	
2	<b>Have they ever had fits/seizures?</b>	<b>YES/NO</b>
	If YES, when was the date of their last episode? *We may need to contact you for further information*	
3	<b>Do they have episodes of fainting?</b> (Other than associated with the sight of blood or disturbing news)	<b>YES/NO</b>
	If YES, when was the date of their last episode?	
4	<b>Do they have dizziness or vertigo?</b> (Exception as above)	<b>YES/NO</b>
	If YES, when was the date of their last episode?	
5	<b>Do they have diabetes?</b>	<b>YES/NO</b>
	If YES, a) is it controlled by insulin?	<b>YES/NO</b>
	b) is it controlled by tablets?	<b>YES/NO</b>
	c) have you ever had a hypoglycaemic episode?	<b>YES/NO</b>
	If YES, when was the date of their last attack?	
6	<b>SIGHT: Do they have any vision defect? E.g. double vision or other visual field issues</b> (other than requiring correction by spectacles)	<b>YES/NO</b>
	If YES, please give details:	
7	<b>HEARING: Do they have any difficulty with their hearing?</b>	<b>YES/NO</b>
	If YES, please give details:	

DECLARATIONS	
I understand that there will be a 25% administration charge for all cancellations if another appointment is not required.	<b>YES/NO</b>
I understand that if my client fails to attend their appointment, or does not complete the assessment, or if I do not give at least seven days' cancellation notice, the fee will not be refunded.	<b>YES/NO</b>

Signed on behalf of the above organisation

Name: ..... Position: .....

Signed: ..... Date: .....

OFFICE USE ONLY **Amount paid:** ..... **REF:** .....