

WALES MOBILITY AND DRIVING ASSESSMENT SERVICE

ROOKWOOD HOSPITAL
FAIRWATER ROAD
LLANDAFF

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ASSESSMENT APPLICATION FORM

Mr / Mrs / Miss / Ms / Dr / Other _____

YOUR FULL NAME: _____

ADDRESS: _____

POSTCODE: _____

TEL. NUMBER: _____

MOBILE: _____

EMAIL: _____

DATE OF BIRTH: _____

Please fill out the form using BLOCK capitals. If you have difficulty completing this application form, please contact the Assessment Service for assistance.

Would you please complete this application form with as much detail as possible. The information you give will help us to plan for your assessment.

SECTION A – ABOUT YOU

1. What kind of medical condition or disability do you have?

2. Please describe how your medical condition or disability affects you.

3. How long have you had this medical condition or disability?

4. Can you walk at all?

NO YES

5. Do you ever use a wheelchair / scooter

NO YES

Manual wheelchair Powered wheelchair Scooter Buggy

If NO, please move on to question 7.

If you know the name of your medical condition or disability (e.g. cerebral palsy), please write this here. If you have a non-specific medical condition or disability, please give as much information as you can, (e.g. back problems or ...)
Please give as much information as possible. For example, are your limbs affected by restricted movement or lack of strength? Do you easily get tired or have problems with coordination, etc?

6. If you use a wheelchair, can you transfer into a vehicle without help from others?

NO YES

7. Are you in receipt of the Higher Rate Mobility Component of the Disability Living Allowance or the Mobility Supplement of the War Pension?

NO YES

SECTION B – YOUR ASSESSMENT

Our Centres offer five assessment and advice services. The information below will help you decide which of these is best for you. They each vary in how long they take and a different fee is charged for each service. A full report is prepared after each service.

a) Driving Ability Assessment. If you have or have had a full licence, this assessment looks at both your ability to control the vehicle and to deal with traffic and other road users. It is for people such as those who have had illness or injury. **It is advisable to bring another driver to accompany you on the day of the assessment.**

b) Driving Ability Assessment (Learner driver with Provisional licence). This assessment is for people who are concerned about beginning to learn to drive, who are experiencing problems with driving tuition or who have learning difficulties.

c) Passenger/Carer Assessment. This service is for passengers who have difficulty getting in and out of a vehicle. The assessment explores a range of options including the use of specialist transfer equipment and wheelchair accessible vehicles. This service may also benefit carers who are experiencing difficulty assisting in the transfer of their clients.

d) Demonstration of Equipment
This service is for clients who need demonstration of adaptations for wheelchair stowage and/or access solutions. No report supplied with this service.

e) Solicitors/Legal
This service is for clients who wish to use their assessment and report for legal purposes.

1. Which type of assessment do you want to apply for?

- a) **Driving Ability Assessment**
- b) **Learner driver with Provisional licence**
- c) **Passenger/Carer Assessment**
- d) **Demo/Familiarisation**
- e) **Solicitors/Legal**

Tick the box that mainly describes your requirements. If you are unsure of the type of assessment you wish to apply for, please contact the Assessment Service for assistance.

If you are unsure which assessment you require, please contact the Assessment Centre.

1. Please write below any dates over the next four months when you cannot attend for an assessment.

2. Occasionally people cancel appointments at short notice. Would you like us to contact you if a cancellation occurs and it would mean an earlier appointment?

- NO YES

3. Do you have any other special requirements during your visit?

4. If English is not your first language will you require the services of an interpreter?

- YES Please state language? _____
- YES British Sign Language

If you require an assessment as a driver, please go to Section C

If you require an assessment as a passenger, please go to Section D

SECTION C – DRIVING LICENCE DETAILS

1. Do you have a valid driving licence?

(LICENCE MUST BE SHOWN AT TIME OF ASSESSMENT IF AVAILABLE)

- Yes - full licence, currently driving
- Yes - full licence, not driving at present
- Yes - provisional, never driven
- Yes - provisional, having / had tuition
- Yes - Provisional Disability Assessment licence
- No – please contact the Assessment Service for advice

Tick the box that mainly describes your requirements.

2. Please give the following details about your driving licence

Your driving licence number: _____

Licence valid from / to: _____

National Insurance Number _____

3. What type of vehicle do you drive at present?

- Automatic transmission.
- Manual transmission.

Please note that it is YOUR responsibility to inform the DVLA if you have a disability or health problem that is likely to affect your driving.

4. Does the DVLA know about your present condition or disability?

- No
- Yes - IF YES, when did you inform the DVLA? _____

5. Has a Doctor advised you against driving?

- No
- Yes - IF YES, please supply further details including contact details of your Doctor.

SECTION D - PAYMENT

We charge a subsidised fee for assessments. The costs for the assessments are:

a) Driving Ability Assessment	£95
b) Driving Ability Assessment (Learner)	£95
c) Passenger/Carer Assessment	£95
d) Demonstration	£35
e) Solicitors/Legal	£650

Please enclose payment with this application form.

We can accept cheques and postal orders. **Payments will not be refunded if assessment is not attended or cancelled within 48 hours of appointment date.** Cheques should be made payable to: **Wales Mobility and Driving Assessment Service.**

If you prefer to pay by Credit/Debit Card this method is acceptable but you will have to telephone this centre with your card details when your Application Form is returned to enable your assessment appointment to be processed.

SECTION E

To help us plan our services, could you tell us how you heard about the Assessment Service?

- | | |
|---|--|
| <input type="checkbox"/> Been before
<input type="checkbox"/> Disability group
<input type="checkbox"/> Disabled drivers' group
<input type="checkbox"/> Doctor
<input type="checkbox"/> Driving Instructor
<input type="checkbox"/> DVLA
<input type="checkbox"/> Friends or relations
<input type="checkbox"/> Garages/Modification firm | <input type="checkbox"/> Forum website
<input type="checkbox"/> Mobility Centre
<input type="checkbox"/> Motability
<input type="checkbox"/> Publications and media
<input type="checkbox"/> Social Worker/Social Services
<input type="checkbox"/> Solicitor
<input type="checkbox"/> Therapist
<input type="checkbox"/> Other |
|---|--|

As part of our aim to reach everyone in the community, it would help us if you could tick one of these boxes for monitoring purposes.

- White**
- British
- Irish
- Any other white background
- Please state: _____

- Asian or Asian British**
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Please state: _____

Chinese or other ethnic group

- Chinese
- Any other
- Please state: _____

- Mixed**
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
- Please state: _____

- Black or Black British**
- Caribbean
- African
- Any other Black background
- Please state: _____

Do not wish to respond

CONSENT.

This section MUST be completed and must NOT be altered in any way.

Please tick appropriate boxes and sign the statements below.

YES

NO

Do you grant permission for details of your assessment to be discussed with a third party such as a family member, case worker, etc.

Please name below.

.....

I authorise my Doctor(s) and/or Specialist(s) to release reports to the Assessment Centre about my medical condition.

I authorise the Assessment Centre to release medical information to my Doctors and/or Specialists about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).

The Data Protection Act 1998 requires us to seek your written consent to our processing the information provided by you on this form. Some of this information may be given to a third party for the purpose of finding out users' views about the service provided by the Assessment Services or to specialists i.e. driving instructors or approved adaptation conversion firms who may be assisting you following your assessment. Only occasionally do we need to do this and it may well not apply in your case. We NEVER under any circumstances release information which is not relevant to your fitness to drive or discuss your personal details. Your signature will be taken to mean that you have given that consent.

Under the Data Protection Act you have the right to enquire, in writing, what personal information the Assessment Service is holding about you and, subject to a few limited exceptions, to be supplied with a copy of this information.

On occasions, the centre have health professionals or Advanced Driving Instructors that wish to sit in and observe driving assessments, if you do not wish to have an observer attend your assessment, please tick this box.

Your signature: _____ Date: _____

DECLARATION.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Your signature: _____ Date: _____

Thank you for taking the time to complete this application form.