

Driving Assessment Application Form

PERSONAL DETAILS

Mr / Mrs / Ms / Miss / Other.....

Forename/s: Surname:

Address:

.....Postcode:

Date of birth: National Insurance Number:

Landline telephone number: Mobile:

Email address:

Preferred contact method for appointment details/report Email Letter

GP DETAILS

GP Name: Telephone No:

Address:

Postcode:

YOU AND YOUR DIAGNOSIS

What medical condition/conditions do you have?

Stroke Head Injury Amputation MS Parkinson's Dementia MND

Diabetes Dystrophy Spina Bifida Arthritis CP Spinal Cord Injury

Other:

How long have you had this condition?

Please list medication:

How does your condition affect you?

.....

When did you last have your eyes tested?

Please ensure your eyesight meets requirements for driving otherwise the assessment cannot go ahead.

YOUR MOBILITY

Can you walk unaided? Yes No

Do you use any of the following (please tick appropriate boxes)?

Manual Wheelchair Powered Wheelchair Scooter Walking Aid

Can you transfer into a vehicle unaided? Yes No

Do you receive the higher rate of mobility component of DLA or enhanced rate of PIP?

Yes No

DRIVING

Do you have a valid driving licence? Full Provisional PDAL Section 88
Revoked Surrendered None

Are you currently driving? Yes No

If you are not driving when did you last drive?

If not currently driving, why did you stop driving?

Please enter the following details: Driver No

Expiry date: Was your licence issued in the UK? Yes No

Have you informed the DVLA of your medical condition? Yes Date..... No

Have you been advised to stop driving? Yes No If yes, by whom

What type of transmission do you drive / last drove? Automatic Manual

Make and model of current or last vehicle.....

Is this a Motability vehicle? Yes No

Please give details of any adaptations that you already have fitted to your vehicle

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Do you think you will be able to continue to drive this type of vehicle? Yes / No

Which type of transmission do you want to drive on the day of your assessment?

Automatic Manual

Have you had any accidents recently? If yes, please give details.....

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HOW DID YOU HEAR ABOUT US

- Health Professional Disability Group Solicitor Friends/Relative
 Adaptation Company Website DVLA Driving Instructor
 Been before Publication Garage Motability
 Other

ETHNIC ORIGIN

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

A: White		B: Mixed		C: Asian or Asian British		D: Black or Black British		E: Chinese or other ethnic group	
British		White and Black Caribbean		Indian		Caribbean		Chinese	
Irish		White and Black African		Pakistani		African		Any other	
Other white background		White and Asian		Bangladeshi		Any other Black background			
		Any other mixed background		Any other Asian background					

Do not wish to respond

BOOKING INFORMATION

Which Centre would you like to attend?

- Truro Plymouth Holsworthy Exeter
 Liskeard Penzance Launceston

If there is any other information you think would help us with your booking, dates you are unavailable or you have any special requirements during your visit please write that here.

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Occasionally people cancel appointments at short notice. Would you like us to tell you about last minute cancellations if it would mean an earlier appointment?

YES NO

What would you like to achieve from the assessment?

.....

CANCELLATIONS POLICY

1) If you cancel your assessment appointment with less than 10 working days' notice an Invoice to cover administration costs of £30 (including VAT) will be issued. No further appointments will be booked until this invoice has been paid in full.

2) If you fail to attend a confirmed appointment an Invoice to cover administration costs of £80 (including VAT) will be issued. No further appointments will be booked until this invoice has been paid in full.

I have read and accept Cornwall Mobility's cancellations policy.

Client Signature:Date:

Print Name:

YOUR ASSESSMENT

DRIVING ABILITY ASSESSMENT: This assessment looks at your ability to control the vehicle and how you deal with traffic and other road users. **Cost: £80**

ADAPTATIONS ASSESSMENT: This assessment is for people who have a physical disability and need advice on vehicle adaptations but who do not need to drive from a wheelchair. This assessment gives you the opportunity to try out equipment. **Cost: £80**

DRIVE FROM WHEELCHAIR ASSESSMENT (DFW): If you need to drive from a wheelchair because you cannot transfer from, or stow your wheelchair. This assessment gives you the opportunity to try a DFW vehicle and adapted driving controls. **Cost: £140**

PASSENGER/ACCESS ASSESSMENT: For passengers who have difficulty getting in and out of a vehicle. This may also benefit carers who experience difficulty assisting in the transfer of their clients. **Cost: £80**

SPECIALIST ASSESSMENT(S) FOR EMPLOYERS, SOLICITORS OR INSURANCE COMPANIES: Assessments which require a more complex and more detailed report are charged accordingly. **Please contact us for full details of costs.**

If you are unsure which type of assessment you need please contact us and ask to speak to one of our driving assessors.

Please contact us 3 working days after sending this form to make a payment for your assessment as above. Once we have received your payment an appointment will be made for your assessment to take place.

Declaration - THIS DECLARATION MUST BE COMPLETED BY THE CLIENT

By completing and returning this Application Form to Cornwall Mobility you are giving consent to undertake an Assessment. Your consent may be withdrawn at any time.

Under the Data Protection Act 2018 (DPA 2018) you have the right to enquire in writing what personal information the assessment centre holds about you and subject to status, you may be supplied with a copy of this information.

By completing, signing and returning this declaration form to Cornwall Mobility, you are giving consent to undertake an assessment. Your participation in the assessment may be rescinded at any time. It is important that you understand and agree to the following statements by signing this declaration:

- * I fully understand that in exceptional circumstances Cornwall Mobility may have a Duty of Care to inform the DVLA of the findings and outcome of this assessment.
- * I consent to Cornwall Mobility making contact with the health professional that I have provided details of on this form. This includes when necessary, updating them of appointment dates and sending them a copy of my assessment report.
- * I consent for Cornwall Mobility to use information provided for statistical purposes only. Any information that is used by Cornwall Mobility will be anonymised and will be treated as strictly confidential in line with General Data Protection Regulations.
- * Some of this information may be given to a third party such as adaptation companies and driving instructors should you require specialist assistance as a result of your assessment. We will seek your consent prior to passing any of your information.
- * All personal data will be processed by Cornwall Mobility in accordance with the General Data Protection Regulations and with Cornwall Mobility’s privacy policy and guidelines. For full details please visit our website www.cornwallmobility.co.uk
- * We keep your personal data only for as long as reasonably necessary for the purposes for which it was collected. After this time, it will be securely destroyed.
- * We will never use your details for the purposes of marketing or promotion or sell or share your details with unrelated third parties.

You have the right to request to see any personal data that we hold on you and to have any errors corrected. Requests to see data should be made in writing to: The Chief Executive, Cornwall Mobility, North Buildings, Royal Cornwall Hospital, Truro, TR1 3LQ. We reserve the right to perform an identity check before releasing any personal data.

Client Signature:Date:

Print Name:

If you are signing on behalf of the applicant please could you indicate your relationship to them e.g. relative, legal guardian etc.

Signed on behalf of clientDate:

Print Name:

Relationship to Client:

Thank you for completing this declaration.