



Regional Driving Assessment Centre
Registered charity No. 1122214

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Network Park, Duddleston Mill Road
Saltley, Birmingham B8 1AU

Access Assessment Application Form

Please fill out the form using BLOCK capitals and in as much detail as possible.

If you have difficulty completing this application form please contact the RDAC for assistance

A. Personal details

Title		Full Name			
Date of Birth	/	/	Email Address		
Telephone No.				Mobile No.	
Address:					

B. GP's Details

GP's Name					
Telephone No.					
Address:					

If RDAC require more medical information I authorise my Doctor(s) and/or Specialist(s) to release reports to the RDAC about my medical condition(s)/ disabilities and I authorise the RDAC 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).

Client's signature: _____

C. Medical Conditions / Disabilities

- Did /Do you have any medical conditions/ disabilities? YES NO (if no continue to question E)
- Are any of these the result of an accident? YES NO
- What medical conditions / disabilities did /do you have?
(please tick the appropriate boxes)

- Stroke Head injury Amputation MS Parkinsons Huntingtons Cerebral Palsy
 MND Arthritis Spina Bifida Spinal Cord Injury Dystrophy Dementia

Other: _____

4. How long have you had your medical condition/ disability? _____

5. Please describe in as much detail as possible how this affects/affected you, if at all?

6. Do you have **no** use in your: (please tick the appropriate boxes)

- Neck Spine/ Back Right arm Right Hand Left Arm Left Hand Right Leg Right Foot
 Left Leg Left Foot

7. Do you have **limited** use in your: (please tick the appropriate boxes)

- Neck Spine/ Back Right arm Right Hand Left Arm Left Hand Right Leg Right Foot
 Left Leg Left Foot

8. Do you take any medication? YES NO
(If no continue to section D)

9. Please list your medication.

10. Does your medication affect your driving? YES NO N/A

D. Current Ability

1. Can you walk unaided? YES NO
(If no continue to question 3)

2. How far can you walk unaided? _____

3. Do you use a mobility aid? I.e. wheelchair, crutches, etc.. YES NO
(If no continue to section E)

4. Do you ever use? (please tick the appropriate boxes)

- Manual Wheelchair (self propelled) Manual Wheelchair (attendant propelled) Powered Wheelchair
 3 Wheel Scooter 4 Wheel Scooter Crutches Walking Frame Other

5. If you selected other for question 4 please give name of the mobility aid(s) here:

It may be beneficial to have the weight / dimensions of your mobility aid with you on the day of assessment.

6. Please state if you use the following indoors, outdoors or both.

(please tick the appropriate boxes)

Manual Wheelchair (self propelled) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Manual Wheelchair (attendant propelled) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
3 Wheel Scooter <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	4 Wheel Scooter <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Powered Wheelchair <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Crutches <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Walking Frame <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	

7. If you use a wheelchair can you transfer into or out of the vehicle without the help of others?

YES NO

E. Current Vehicle

Please give the following details of your current or last vehicle?

Make		Model		Year of registration	
Please list below any adaptations currently fitted to your vehicle					

1. Are you the passenger or driver of the above vehicle? YES NO

2. Would you take an appointment at short notice?
(Minimum of one days notice) YES NO

3. Would you like us to send you a list of accomadation around the area of the selected centre?
YES NO

4. Do you have any special requirements during your visit? _____

F. Booking Information

1. Have you attended a assessment with the **RDAC** or **Quintus Training** before? YES NO

2. If yes please quote your reference number if known? RDAC/DA/

3. Please give any dates over the next 4 months you cannot attend? _____

4. If there are certain times of the day or specific days of the week you cannot attend please state below.

5. Which centre would you prefer to attend?

- Birmingham Cannock Northampton Oxford Hull

6. Could you attend an appointment at short notice? YES NO
(Minimum of one days notice)

7. Would you like us to send a list of accomodation around the area of the selected centre?
YES NO

8. Do you have any special requirements during your visit? YES NO

If yes please state these below:

Unfortunately the RDAC are unable to offer the service of an interpreter. Clients who require an interpreter will need to make their own arrangements.

G. Other Information

1. Are you in receipt of the Higher Rate Mobility Component of the Disability Living Allowance?
YES NO

2. Are you in receipt of the Mobility Supplement of the War Pension?
YES NO

3. Do you intend to use this report for legal, insurance, case management or employer purposes?
YES NO

If you believe there is any other information that could help us with your assessment or any other matters please write that here.

H. Planning Our Service

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: _____

Mixed

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

Asian or Asian British

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

Black or Black British

- Caribbean
- African
- Any other Black background
- Please state: _____

Chinese or other ethnic group

- Chinese
- Any other
- Please state: _____

- Do not wish to respond

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Been Before | <input type="checkbox"/> Disability Group | <input type="checkbox"/> Mobility Centre |
| <input type="checkbox"/> RDAC Website | <input type="checkbox"/> Driving Instructor | <input type="checkbox"/> Publications/ Media |
| <input type="checkbox"/> Forum Website | <input type="checkbox"/> Social Worker | <input type="checkbox"/> MAVIS Website |
| <input type="checkbox"/> Solicitor | <input type="checkbox"/> Therapist | <input type="checkbox"/> Garage |
| <input type="checkbox"/> DVLA | <input type="checkbox"/> Friends/ Relatives | <input type="checkbox"/> Adaptations Firm |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Other Charity | |

I. Consent

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

YES Contact details: _____

J. Payment

A. Standard Access Assessment.

£20 by cheque/ postal order payable to 'RDAC'.

The RDAC is not able to provide all clients with a Home Visit for their Standard Access Assessment and will only provide a home visit in special circumstances. Due to this your request for a home visit may be granted. There will also be addition variable costs depending on your location.

If you wish to request a home visit, please tick the box and state your reasons why.

K. Data Protection Act

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 RDAC is holding about you and, subject to a few limited exceptions, to be supplied with a copy of this information.

Your Signature: _____

Date: ____ / ____ / ____

L. 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 time to complete this application form. We will aim to let you know the date of your assessment within 2 weeks of receiving this form.