



Regional Driving Assessment Centre

Registered charity No. 1122214

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

Driving 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

1. Did /Do you have any medical conditions/ disabilities? YES NO
(if no continue to question E)

2. Are any of these the result of an accident? YES NO

3. 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: _____

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. Driving Licence Details

1. Do you have a valid driving licence?

YES

NO
(If no continue to question 8)

2. What type of licence do you hold?

Full

Provisional

Provisional Disability Assessment Licence (PDAL)

3. **If you have a Provisional or PDAL licence** are you currently having/ had tuition or have you never driven?

Having Tuition

Had Tuition

Never Driven

4. Does your licence entitle you to drive? (please tick the appropriate boxes)

Manual Transmission

Automatic Transmission

LGV

PSV

Motorbike

5. **If you hold a Full licence** are you currently driving?

YES

NO
(If yes continue to question 7)

6. If you are not driving at present how long has it been since you last drove? _____

7. Please give us the following details from your driving licence?

a) Licence valid from _____ / _____ MM/YYYY

b) Licence Valid to _____ / _____ MM/YYYY

c) Driver no. _____

8. Have you informed DVLA of your medical condition/ disability? YES NO

9. If **yes** what date did you notify DVLA? _____ / _____

You are legally required to notify the DVLA if you have a condition likely to affect your ability to drive or if you have any adaptations fitted to your vehicle. If you are concerned about this please ring the RDAC for further information.

10. Has your doctor advised you against driving? YES NO

Do you grant permission for the RDAC to contact DVLA to verify your licence status before the date of your assessment.

Client's signature: _____ Date: _____ / _____ / _____

F. Current Vehicle

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

Make		Model			
Year of registration		Transmission type	Manual <input type="checkbox"/>	Automatic <input type="checkbox"/>	
Please list below any adaptations currently fitted to your vehicle					

G. Booking Information

1. Have you attended an 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? _____

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

H. 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.

I. 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: _____

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

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 | |

J. 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: _____

K. Payment

1. Standard Driving Assessment. £80 by cheque/ postal order payable to 'RDAC'
2. If DVLA assessment please tick box.
3. HGV, PSV or Motorbike Assessments. Variable costs. Centre will contact you within 5 working days of receiving application form.

L. Consent for DVLA

Due to the data protection act, the RDAC is unable to contact the DVLA regarding your assessment, limiting the range of information available to assessors. It also stops the RDAC from verifying your licence status before the day of assessment, which if not valid can mean we are unable to complete your assessment, resulting in your fee being non refundable.

By signing this section you are providing the RDAC with written consent to:

- Check your licence status and entitlement to drive.
- To send to and receive from DVLA any personal information and reports pertaining to your assessment.

Client's Full Name: _____

Clients Signature: _____ Date: ____/____/____

M. 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.

Client's Signature: _____ Date: ____/____/____

N. 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.

Client's 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.