



Regional Driving Assessment Centre

Registered charity No. 1122214

Phone: 0300 300 2240 / 0121 359 4222 fax: 0121 333 4568 e mail: info@rdac.co.uk web: www.rdac.co.uk

Unit 11, Network Park
Duddeston Mill Road,
Saltley
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

Form with fields: Title, Full Name, D.O.B., Tel:, E mail, Mobile, Address, Postcode

B Alternate Contact

Form with fields: Title, Full Name, D.O.B., Tel:, Mobile, Contact, YES, NO, Address, Postcode

C. GP's Details

Form with fields: GP Name, Tel No., Address, Postcode

D. Medical Condition

1. What medical condition do you have?

- Stroke, Head Injury, Amputation, MS, Parkinson's, Dementia, MND, Huntington's, Dystrophy, Spina Bifida, Arthritis, CP, Spinal Cord Injury

Other:

How long have you had this condition?

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Is it the result of an accident? Yes No If yes please give the Name & Contact number of any Solicitor / Case Manager involved.

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2. Do you have no use of your: (please tick appropriate boxes)?

Spine / Back Right Arm Right Hand Right Leg Right Foot

Neck Left Arm Left Hand Left Leg Left Foot

3. Do you have limited use in your: (please tick appropriate boxes)?

Spine / Back Right Arm Right Hand Right Leg Right Foot

Neck Left Arm Left Hand Left Leg Left Foot

4. Please list medication:

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E. Current Ability

1. Can you walk unaided? Yes No If yes far.....

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

Manual Wheelchair Powered Wheelchair Scooter Walking Aid

3. Can you transfer into a vehicle unaided? Yes No

F. Driving Details

1. Do you have a valid driving licence? Full Provisional PDAL None

2. Do you have a vocational licence? Lorry Bus Motorbike

3. If you are not driving when did you last drive?

4. Please enter the following details: Licence Valid From..... Valid To.....

Driver No.....

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

6. Current vehicle details:

i. Make..... Model..... Year of Registration.....

ii. Transmission: Manual Automatic

G. Booking Information

1. Have you previously had a driving assessment with RDAC or any other organisation?
If so, please quote any Reference No. or Date if known.

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2. Which Centre would you like to attend?

Birmingham Cannock Hull Leamington Spa

Northampton Oxford Shrewsbury Worcester

Unfortunately, RDAC are unable to offer the services of an interpreter.

H. Other Information

1. Are you in receipt of the high rate mobility component of the Disability Living Allowance or PIP (Personal Independent Payment)? Yes No

2. Do you intend to use this report for a Legal, Insurance, Case Management or your Employer?
Yes No

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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I. Payment

Payment can be made by cheque or by credit / debit card (by phone). **Cost £80.**

Please note that your assessment fee is a personal contribution towards the cost of the assessment. Should the cost of your assessment be covered by any other means than your own (e.g. Insurance Claim, Employer) please contact the centre for further advice on fees prior to sending in your application form.

J. Planning our Services

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.

Asian or Asian British
Indian
Pakistani
Bangladeshi
Any other Asian background
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:

White
British
Irish
Any other white 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 RDAC?

Health Professional <input type="checkbox"/>	Disability Group <input type="checkbox"/>	Solicitor <input type="checkbox"/>	Friends / Relative <input type="checkbox"/>
Adaptation Company <input type="checkbox"/>	Forum Website <input type="checkbox"/>	DVLA <input type="checkbox"/>	Driving Instructor <input type="checkbox"/>
Case Manager <input type="checkbox"/>	Publication <input type="checkbox"/>	Garage <input type="checkbox"/>	RDAC Website <input type="checkbox"/>

K. Consent

Do you give permission for details of your assessment to be discussed with a third party e.g. family member, case worker or health professional. If yes, please give details:

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We are unable to contact the DVLA prior to your assessment regarding the status of your driving licence. If this is not valid it may mean, we cannot complete your assessment and you will have to pay a further fee to do this. By signing this section, you are giving RDAC consent to:

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

Name..... Signature

Date

L. 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 purposes of finding out user’s views of the service, audit and research or to specialists such as adaptation companies and driving instructors. We never release information which is not relevant to your fitness to drive or discuss 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, the information we hold on you and, subject to a few exceptions to be supplied with a copy of this information.

Name..... Signature.....

Date

M. Declaration

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

Name..... Signature

Date.....