

Equipment loading referral form



NOTE: Please complete all sections in BLOCK CAPITALS. If an interpreter is required, this will need to be arranged privately.

your details

Title Name D.O.B

Gender Female Male Non-Binary Prefer not to say

Address

Postcode

Phone Number Email

alternative contact details (optional)

Name Relationship

Address

Postcode

Phone Number Email

medical information

Describe any medical conditions you have below, and how this impacts your ability to load your equipment into a vehicle?

When did your condition start?

Is your condition the result of an accident? Yes No

If yes please give the details of any case manager or solicitor involved?

Name Phone Number



Can you walk unaided? Yes No If yes, how far?

What equipment do you use?

Manual wheelchair Powered wheelchair Walking aid Person Hoist

Scooter Other

List the makes and models of any equipment below:

vehicle information

Make Model

How can we help ? Please provide details of what you would like from the assessment

booking information

Which Centre would you like to attend?

Accrington Hull Oxford Solihull
Ashton Leicester Scunthorpe Wolverhampton
Aylesbury Manchester Shrewsbury Worcester
Cannock Northhampton

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.



other information

Are you in receipt of the high rate mobility component of the Disability Living Allowance or enhanced PIP (Personal Independent Payment)?

Yes No

Do you intend to use this report for a Legal case, Insurance, Case Management, or your Employer?

Yes No

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.

Mixed

- White and Carribean
- White and African
- White and Asian
- Another mixed background

Please state below:

Asian

- British
- Indian
- Pakistani
- Bangladeshi
- Another Asian background

Please state below:

White

- British
- English
- Welsh
- Scottish
- Irish
- Another White background

Please state below:

Black

- British
- African
- Caribbean
- Another Black background

Please state below:

Chinese and other ethnicities

- Chinese
- Another Black background
- Please state below:

Do not wish to respond

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

- Health Professional
- Disability Group
- Solicitor
- Friend/Relative
- Adaptation Company
- Forum Website
- DVLA
- Driving Instructor
- Case Manager
- Publication
- Garage
- RDAC Website



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, then please list below with contact details:

data protection act

The Data Protection Act 2018 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	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		<input type="text"/>

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	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		<input type="text"/>

freedom to move

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