





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 Ma	le (Non-Binary Prefe	er not t	to say	
Address					
			Po	stcode	
Phone Number		Email			
Mixed		Asian		White	
White and Carribiean	\bigcirc	British	\bigcirc	British	\bigcup
White and African	$\check{\bigcirc}$	Indian	\bigcirc	English	\bigcup
White and Asian	$\check{\bigcirc}$	Pakistani	\bigcirc	Welsh	\subset
Another mixed background	$\check{\bigcirc}$	Bangladeshi	\bigcirc	Scottish	\subset
Please state below:		Another Asian background		Irish	\subset
		Please state below:		Another White background	
				Please state below:	
Black					
British	\bigcirc	Chinese and other ethnicitie	es		
African	\bigcirc	Chinese		Do not wish to reasond	
Caribean	Ŏ	Another Black background	$\widetilde{\bigcirc}$	Do not wish to respond	
Another Black background	Ō	Please state below:	<u> </u>		
Please state below:	J				



referrer details

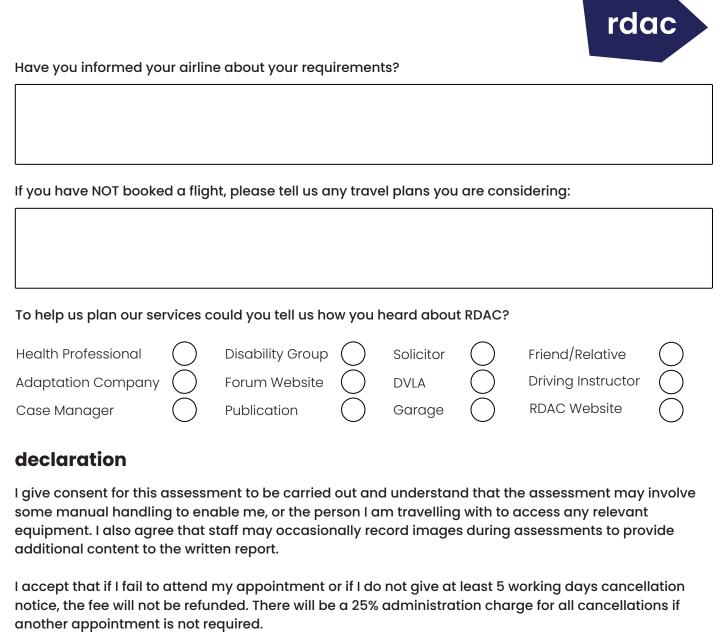
Name	Relationship			
Address				
	Postcode			
Phone Number Email				
medical information				
Describe any medical conditions you have below?				
Height (CM)	Veight (KG)			
How does your disability affect your ability to travel?				
Have you spoken with your GP about flying?				
Do you experience pain or discomfort when travelling?				
Are you receiving any medication that you will need to take with you?				



Will you need to use or take with you any of the following?				
Catheter/stoma bag Oxygen cylinder Liquid Food Medication				
Other:				
Do you use a wheelchair or seating s	system that you	ı are considering takin	g with you?	
Product Name/Make:				
If you do use a wheelchair please te	ll us how you cu	ırrently transfer:		
			_	
What best describes the reason for your assessment?				
You or the person referred has not flown before				
You or the person referred has flown before but not with a disability				
You or the person referred has flown and would like to improve the experience				
Other:				
What would you like to learn to make your flight easier or less stressful?				
Booking	\bigcirc	Transferring from you	r wheelchair	
Arriving at the airport		Making your way dow	n the aisle	
Checking in your bags		Transferring into your	seat	\bigcirc
Going through security		Seating location		\bigcirc
What equipment you can take		Seating support		\bigcirc
Boarding	\bigcirc	Using the toilet		\bigcirc
Connecting flights	\bigcirc	Other		\bigcirc
Please state other:				



Which aspects of	Which aspects of your journey are you most concerned about?				
Are there any specific products for aircraft seating that you would like to trial at the assessment?					
RBF Burnett Body Support System Crelling Harness TravelChair CARES Harness					
Stabilo Support	Other:				
Are you conside	ering hiring seating	or transfer equip	oment to assist wi	th your flight?	
Please describe referred:	your current reeling	g about flying, er	ther for yourself o	r when flying wi	th the person being
	A great deal	Quite a bit	Somewhat	Very little	Not at all
Confident					
Anxious	\bigcirc			\bigcirc	
Unsure		\bigcirc	\bigcirc	\bigcirc	
Excited	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
flight inforr	mation				
Have you booked a flight? Yes No If yes complete the details below:					
Airline name					
Departure Airport					
Date		FligI	ht Number		
Destination Airport					
Date		Eliai	ht Number		



RDAC may hold information regarding your assessment under the Data Protection Act 1998, to monitor and compare any previous assessment outcomes.

Name	Signature		
Date			

freedom to move

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