

RDAC Ref: «PERSON_ID»

«PERSON_TITLE» «PERSON_SURNAME»
«PERSON_FORMATTED_ADDRESS»
Wednesday, 29 August 2018

Gee Business Centre
Holborn Hill
Birmingham
B7 5JR

Phone: 0300 300 2240

Phone: 0121 359 4222

E-Mail: info@rdac.co.uk

www.rdac.co.uk

Registered Charity No.1122214

Dear

Re: Access Assessment Referral

Thank you for your recent enquiry regarding the Regional Driving Assessment Centre.

Enclosed with this letter is an access assessment application form and information leaflet. Please complete the form and return it to us as soon as possible.

Please note:

- When returning your application please ensure that the correct postage is added, as Royal Mail will not deliver in these cases.

If you have any difficulties or need help and advice when completing the application form, then do not hesitate to contact one of the administration team on

0300 300 2240.

We look forward to meeting you and helping you overcome your mobility problems.

Yours faithfully

«AX_OWNER»
Administration Officer

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

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		D.O.B.	
Tel:		E mail		Mobile	
Address				Postcode	

B. Alternative Contact

Title		Full Name		Relationship	
Tel:		Mobile		Contact	YES NO
Address				Postcode	

C. GP's Details

GP Name		Tel No.	
Address		Postcode	

D. How Can We Help You?

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E. Medical Condition

1. Please list any medical / health conditions you have?

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2. 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 & Phone No. of any solicitor / case manager involved.

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F. Current Ability

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

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

Wheelchair: Manual Powered Scooter Walking Aid

3. Can you transfer into a vehicle seat independently? Yes No

4. Please give details if you require assistance

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F. Booking Information

1. Which centre would you like to attend?

Birmingham Cannock Hull Leamington Spa Leicester
Manchester Northampton Oxford Shrewsbury Worcester

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

G. Other Information

1. Are you in receipt of the high rate mobility component of the Disability Living Allowance or enhanced 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
3. 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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H. 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	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
Please state:		Please state:	

Black or Black British	<input type="checkbox"/>	White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>
African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
Please state:		Please state:	

Chinese or other ethnic group			
Chinese	<input type="checkbox"/>	Do not wish to respond	<input type="checkbox"/>
Any other	<input type="checkbox"/>		
Please state:			

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

Health Professional Disability Group Solicitor Friends / Relative

Adaptation Company Forum Website DVLA Driving Instructor
 Case Manager Publication Garage RDAC Website

I. 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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J. 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. We never release information which is not relevant 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

K. 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

Or signed on behalf of by,

Name Signature

Relationship

Date