



**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?

- Aylesbury     Accrington     Birmingham     Cannock     Hull  
 Leamington     Leicester     Manchester     Northampton     Oxford  
 Shrewsbury     Wolverhampton     Worcester     Scunthorpe

**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.

|                               |                          |                            |                          |
|-------------------------------|--------------------------|----------------------------|--------------------------|
| <b>Asian or Asian British</b> | <input type="checkbox"/> | <b>Mixed</b>               | <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: .....        |                          |

|                               |                          |                            |                          |
|-------------------------------|--------------------------|----------------------------|--------------------------|
| <b>Black or Black British</b> | <input type="checkbox"/> | <b>White</b>               | <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: .....        |                          |

|                                      |                          |                        |                          |
|--------------------------------------|--------------------------|------------------------|--------------------------|
| <b>Chinese or other ethnic group</b> |                          |                        |                          |
| 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 | <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"/> |

**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 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. 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 .....