



Regional Driving Assessment Centre

Registered charity No. 1122214

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CONSENT TO CONTACT HEALTH PROFESSIONALS

Thank you for your enquiry regarding the Child Car Seat Clinic.
To enable our Occupational Therapist to know more about your child's seating needs prior to the assessment, we would like to contact your child's health professional. We would be grateful if you could fill in the form below giving your consent.

NAME OF CHILD.....(Male/Female)

DATE OF BIRTH.....

ADDRESS.....

PHONE NUMBER.....

I give permission for the RDAC to contact

- (name of health professional) to obtain information about my child's seating needs.
- Contact details of the health professional (telephone).....
(email).....

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 purpose of finding out users' views about the service provided by the Assessment Services or to specialists i.e. child car seat representatives who may be assisting you following your assessment. We NEVER under any circumstances release information which is not relevant to the assessment or discuss your 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, what personal information the RDAC is holding about you and, subject to a few limited exceptions, to be supplied with a copy of this information.

Signature.....

Print Name.....

Date.....

PLEASE SEND THIS FORM BACK AS SOON AS POSSIBLE with the £10 administration fee