

Passenger Access 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

Name Relationship

Address

Postcode

Phone Number Email

GP details

Name Phone Number

Address

Postcode

medical information

What medical condition do you have and how does it affect you?



When did your condition start?

Is it a result of an accident? Yes No

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

Name Phone Number

Height (cm) Weight (kg)

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

Do you use any of the following?

Manual wheelchair Powered wheelchair Walking aid Person Hoist

Scooter Other

Can you transfer into a vehicle unaided? Yes No

driving details

Current vehicle

Make Model

Mobility Lease? Yes No

How can we help you? Is there any specific piece of equipment you would like to trial?

booking information

Which Centre would you like to attend?

- | | | | |
|-------------|--------|-----------|---------------|
| Cannock | Hull | Leicester | Manchester |
| Northampton | Oxford | Solihull | Wolverhampton |
| Worcester | | | |



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 Ethnic 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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