



QEF

queen elizabeth's
foundation for
disabled people

Application for a Vehicle Transfer and Seating Assessment

Please read before completing the application form.

Please find enclosed an application form for a Passenger assessment.

This assessment will enable you to receive advice and guidance on solutions for any difficulties you may have with vehicle choice, access, seating and equipment loading

If this is the type of assessment you require please complete the application form and return it to the address at the top of the form as soon as possible. Please note that we cannot accept application forms via email. If you are self paying please enclose a cheque made out to 'QEF Mobility Centre', if someone else is paying for the assessment please give their details on page 4 of the application form. **Please call us on 020 8770 1151 or email info@mobility-qe.org for the cost of the assessment and to ensure this is the correct assessment for your needs.**

When we have received the completed form we will send you an appointment. We will also send you a map/ directions of where to find us and a programme of what you can expect on the day. The assessment will last approximately 2 hours.

Following your assessment we provide a summary report, which is sent to the appropriate parties.

We also hold information which may be useful to you when coming to the Mobility Centre such as a list of organisations which may be able to provide transport to bring you to us, a list of local accommodation and details of organisations who may be able to help with funding. If you require any of this information please get in touch.

If this does not appear to be the type of assessment that you require or if you have any other queries over the assessment process please call us on 020 8770 1151.

We look forward to receiving your completed application form.

Administrator
QEF Mobility Services

**VEHICLE TRANSFER & SEATING
 ASSESSMENT APPLICATION FORM**
 (Downloaded from www.qef.org.uk)

PAYEE.....

(please complete using CAPITALS and return to the above address)

SURNAME (MR/MRS/MISS/MS) **FORENAMES**

ADDRESS

..... **COUNTY** **POSTCODE:**

TEL (home) **(work).....** **(mobile)**

If we have to call you and you are not available may we leave a message? YES/NO

EMAIL **DATE OF BIRTH**

Due to central Government Funding, we need the following information for research purposes:

Ethnic Origin: Asian Bangladeshi () Asian Indian () Asian Other () Asian Pakistani () Black African ()
 Black Caribbean () Black Other () Chinese () Declined to comment () Ethnic Other () Mixed Other ()
 Mixed White + Asian () Mixed White + Black African Mixed () Mixed White + Black Caribbean ()
 White British () White Irish () White Other ()

Please give details of your medical history relevant to this assessment?.....

Date of onset

Are you in receipt of the higher rate mobility component of Disability Living Allowance? **YES/NO**

How did you hear of us?

Have you been assessed by this Mobility Centre before? **YES/NO** (year)

TYPE OF ASSESSMENT

[] **£..... Vehicle Transfer and Seating Consultation**
 (vehicle choice, transferring in and out, loading equipment and travelling in a wheelchair)

Please call us on 020 8770 1151 or email info@mobility-qe.org for the cost of the assessment and to ensure this is the correct assessment for your needs. Thank you.

General Practitioner/Consultant

Address

.....

County..... Post Code

Telephone

In order to meet your needs, and to ensure we have the right equipment available for trial, please complete the following before your assessment:

A. About Your Circumstances

1. What is the reason for your assessment? (e.g. advice with seating/posture, vehicle transfers, equipment loading, travelling in a wheelchair etc)

.....
.....

2. Is there any specific equipment you would like to see during your assessment? (Please give details)

.....
.....

3. Please let us know if you will be using the report to provide information to any third party. If so, please give details:

.....

4. Do you currently have any mobility equipment e.g. walking frame or wheelchair which you wish to take in the vehicle with you, please provide details of weight, make, model and dimensions (e.g. Height, length, width) if possible.

.....
.....

5. Have you been assessed for or are you waiting for any new mobility equipment? (If yes please give details)

.....
.....

6. What is the make and model of your current car if applicable?

Make Model Estate / Hatchback

Does the vehicle have any adaptations? Yes / No (Please list)

.....

7. Are you planning to change your car? Yes / No

8. So that we can advise you, please let us know how any new vehicle will be financed

Motability Private purchase Company car

Other

B. About You or the person who needs the assessment

1. Please describe how your condition/disability affects you:

.....
.....
.....

2. Are you able to get in and out of a car independently? If not, please explain the difficulty

.....
.....

3. Can you stand from sitting independently? (delete as appropriate)

YES / NO / Only with assistance/ Only with Equipment/Only with equipment and assistance (please give details if applicable)

.....

4. What is your Height? and Weight

5. Are there other factors that we should be aware of (e.g. pain, fatigue, epilepsy, hearing or visual impairment, or any other difficulty such as communication difficulties?)

.....
.....

6. Do you require assistance with personal care or domestic tasks? If yes, please give details

.....

7. How do you currently get around indoors?

.....

8. How do you currently get around outdoors?

.....

9. Please add anything else you think we ought to know: (e.g. family requirements, carer's details, environmental access)

.....
.....
.....

DECLARATION

I give my consent for QEF Mobility Services to contact my Doctor, should it be considered necessary, for any further medical information relevant to this assessment. This will be treated in strict confidence. I understand a copy of the report will be sent to my Doctor.

I agree to participate in the assessment and understand this may involve some physical contact by assessing staff.

I accept that if I fail to attend my appointment or if I do not give at least 5 working days' cancellation notice, the fee will not be refunded. There will be a 25% administration charge for all cancellations if another appointment is not required.

Signed Date

PAYMENT

I enclose CHEQUE for £ made payable to "QEF Mobility Centre". (We accept cheques, postal orders or cash but are unable to accept credit or debit cards). Please put your card number and address on the back of your cheque.

If you are not paying for the assessment yourself, please list below the name and address of the person / organisation who has agreed to meet the cost of the assessment.

Name (person / organisation)

Address

..... Post code:

Contact name: Tel:.....