



**ASSESSMENT APPLICATION FORM**

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



**QEF**

queen elizabeth's  
foundation for  
disabled people

**QEF Mobility Services**

1 Metcalfe Avenue, Carshalton,  
Surrey, SM5 4AW

Tel: 020 8770 1151

Fax: 020 8770 1211

Email: [mobility@qef.org.uk](mailto:mobility@qef.org.uk)

[www.qef.org.uk](http://www.qef.org.uk)

**If you need any assistance in completing this form  
please call the centre on 0208 770 1151**

1. ABOUT THE PERSON BEING REFERRED	
<b>TITLE:</b> <b>SURNAME:</b>	<b>FORENAME:</b>
<b>DATE OF BIRTH:</b> /    /	<b>Male/Female</b>
<b>ADDRESS:</b>	<b>TEL (home)</b>
	<b>TEL (Mobile)</b>
<b>COUNTY:</b>	
<b>POSTCODE:</b>	
<b>EMAIL:</b>	

2. ABOUT THE PERSON MAKING THE REFERRAL (IF DIFFERENT TO ABOVE)	
<b>TITLE:</b> <b>SURNAME:</b>	<b>FORENAME:</b>
	<b>EMAIL:</b>
<b>ADDRESS:</b>	<b>TEL (home)</b>
<b>POSTCODE:</b>	<b>TEL (Mobile)</b>
<b>What is your relationship to person being referred:</b>	

3. MEDICAL INFORMATION	
<b>Medical Diagnosis:</b>	
<b>Height:</b>	<b>Weight:</b>
<b>How does your disability affect your ability to travel?</b>	

**Have you spoken with your GP about flying?**

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**Do you experience pain or discomfort when travelling?**

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**Are you receiving any medication that you will need to take with you?**

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**Will you need to use or take with you any of the following?**

- Catheter/stoma bag,
- Liquid food
- Oxygen cylinder
- Medication
- Other, please describe:

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**Do you use a wheelchair or seating system that you are considering taking with you?**

**Product name/s:**

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**If you do use a wheelchair please tell us how you currently transfer:**

**4. ABOUT THE ASSESSMENT**

**What best describes the reason for your assessment?**

- You or the person referred has not flown before
- You or the person referred has flown before but not with a disability
- You or the person referred has flown and would like to improve the experience
- Other – (please describe)

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**What would you like to know to make your flight easier or less stressful?**

Booking	<input type="checkbox"/>	Transferring from your wheelchair	<input type="checkbox"/>
Arriving at the airport	<input type="checkbox"/>	Making your way down the aisle	<input type="checkbox"/>
Checking in your bags	<input type="checkbox"/>	Transferring into your seat	<input type="checkbox"/>
Going through security	<input type="checkbox"/>	Seating location	<input type="checkbox"/>
What equipment you can take	<input type="checkbox"/>	Seating support	<input type="checkbox"/>
Boarding	<input type="checkbox"/>	Using the toilet	<input type="checkbox"/>
Connecting flights	<input type="checkbox"/>	Other (please list)	<input type="checkbox"/>

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**Which aspects of your journey are you most concerned about?**

**Are there any specific products for aircraft seating that you would like to trial at the assessment?**

RBF Burnett Body Support System  
 Crelling Harness  
 TravelChair (Max weight 35kg)  
 CARES Harness  
 Stabilo Support  
 Other (Please give details)

**Are you considering hiring seating or transfer equipment to assist with your flight?**

**Please describe your current feeling about flying, either for yourself or when flying with the person being referred:**

	A great deal	Quite a bit	Somewhat	Very little	Not at all
Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. FLIGHT INFORMATION**

<b>Have you booked a flight?</b>	<b>Airline name:</b>	
<b>Departure Airport:</b>	<b>Flight No:</b>	<b>Date:</b>
<b>Destination Airport:</b>	<b>Flight No:</b>	<b>Date:</b>
<b>Have you informed your airline about your requirements?</b>		
<b>If you have NOT booked a flight, please tell us any travel plans you are considering:</b>		

**6. AND FINALLY**

**How did you hear of us?**

**Have you been assessed by QEF Mobility Centre before?**

**Are there any particular dates that you are unable to attend for assessment?**

**DECLARATIONS**

I agree that the assessment may involve some manual handling application to enable me to access any relevant equipment, such as the static rig unit or into a car. **YES/NO**

I agree that staff may record images during assessments to provide additional content to the written report. **YES/NO**

I give consent for this assessment to be carried out and for QEF Mobility Services to contact my Doctor, should it be considered necessary, for any further medical information relevant to this assessment, which will be treated in strict confidence. **YES/NO**

I agree that a copy of the report will be sent to my Doctor by QEF Mobility Services. **YES/NO**

I understand I have the right to withdraw from the assessment at any time. **YES/NO**

I accept that if I fail to attend my appointment, or do not complete the assessment or if I do not give at least 7 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:**

**Full cost of an assessment: £75.00**

MasterCard/Visa/Delta/Switch \*: A member of the bookings team will contact you when we receive your application form to make payment.

Cheque/Postal Order\* made payable to "QEF Mobility Services".  
Please send with this application form.

(\* delete as appropriate)

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:	Postcode:
Contact Name:	Contact Tel No:
Email address (if known):	

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## EQUAL OPPORTUNITIES DATA

We are obliged to ask this information from the organisations that fund our service.

You do not have to answer these questions, and if you choose not to, this will not make any difference to the service you receive. This section of the application form will be detached and the information collected will only be used for monitoring purposes in an anonymised format.

### **Ethnic Origin:**

Asian Bangladeshi ( ) Asian Indian ( ) Asian Other ( ) Asian Pakistani ( )

Black African ( ) Black Caribbean ( ) Black Other ( ) Chinese ( )

Mixed Other ( ) Mixed White + Asian ( ) Mixed White + Black African

Mixed ( ) Mixed White + Black Caribbean ( )

White British ( ) White Irish ( ) White Other ( )

Ethnic Other ( ) Please specify \_\_\_\_\_

Declined to comment ( )

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**PLEASE READ, SIGN AND RETURN WITH YOUR APPLICATION**

**Consent for a 3<sup>rd</sup> party to act or speak on your behalf**

If you are over the age of 13 and wish for someone to act or speak on your behalf, please complete the details below.

**Individual 1**

Name: ..... Relationship to Client:.....

Address.....

.....Postcode.....

Mobile: ..... Email: .....

Please indicate when you would like QEF to contact the person named above:-

To make appointments on my behalf YES  NO

To provide a driving record on my behalf YES  NO

To discuss progress, recommendations and outcomes YES  NO

If you want to change your decision at any time in the future, please let us know in writing.

If there is a Power of Attorney in place or a court appointed deputy, please attach a copy of the document.

**Individual 2**

Name: .....Relationship to Client:.....

Address.....

.....Postcode.....

Mobile: .....Email: .....

Please indicate when you would like QEF to contact the person named above:-

To make appointments on my behalf YES  NO

To provide a driving record on my behalf YES  NO

To discuss progress, recommendations and outcomes YES  NO

If you want to change your decision at any time in the future, please let us know in writing.

If there is a Power of Attorney in place or a court appointed deputy, please attach a copy of the document.

Signed	Name	Date

## **QEF Mobility Service Privacy Policy**

QEF Mobility Service understands that privacy and the security of your personal information is extremely important. Because of that, this policy sets out what we do with your information and what we do to keep it secure. It also explains where and how we collect your personal information, how long we will keep it, who we share it with as well as your rights over any personal information we hold about you.

### **What information do we have or hold on you?**

We may collect personal information about you when you contact us regarding any aspect of our work e.g. assessment services, driving school, advice and information on mobility, equipment/room hire, events and training courses. We will ensure that we only collect enough information in order to allow us to provide the appropriate service, report to our funders, and which is reasonable and fair. The sort of information we will hold will include:

- Personal Information relevant to the service you are accessing, such as your contact details, date of birth, National Insurance number, financial details and any feedback you give to us;
- Information about the services that we provide to you (including for example, the things we have provided to you, when and where, what you paid, the way you use our Service, and so on);
- Information regarding the outcome of any assessment we provide and reports summarising these outcomes including medical references;
- Information about how you have used our services for example, we try to identify how we have worked with you. If you use our website, we try to identify when and how you use it through the use of cookies;
- Sensitive personal information regarding your racial/ethnic origin and your health including disabling conditions.
- Call logs detailing discussions we have had with you or a 3<sup>rd</sup> party relating to you.

Please note that providing your personal information is a condition of using our service so if you are unable to share this information with us then we will be unable to help you.

### **Lawful basis**

The GDPR requires us to rely on one or more lawful grounds to process your personal information. These are the grounds we think are relevant:

- Where you've given us your consent for us to use your personal information in a certain way. For example, we are seeking your consent at the end of this form for a lot of the processing we undertake.
- Where necessary so that we can comply with a legal obligation. For example where we need to share your personal information with regulatory bodies which govern our work and services, such as notifying the DVLA as the licensing authority for drivers in the UK.
- Where necessary for the performance of a contract which we have with you or to take steps before entering a contract (for example, if you wish to arrange an assessment with us or to hire equipment).

- Some processing is undertaken on the basis that it is in our legitimate interests and not overridden by your rights. For example information about how you have used our services.

### **How we use your information**

Personal information which you supply to us may be used in a number of ways, for example:

- to provide you with an efficient assessment of your needs
- to help us understand more about you and to improve our service;
- to provide the services you requested;
- to ensure efficient and accurate administration of your request;
- to process your request or payment;
- to manage your case or complaint;
- to help answer your questions and solve any issues you have;
- for statistical analysis to:
  - provide services to the wider community, including on a national level, through the use of anonymised information.
  - support a grant or funding application through the use of anonymised information
  - report to existing funders
  - inform annual reports

In accordance with our retention policy we will keep your personal information for 8 years after which it will be securely disposed of.

### **How we will ensure your information is kept safe**

We take security measures to protect your information including:-

- ensuring only authorised personnel have access to administrative areas of the building;
- storing paper-based information in lockable areas;
- limiting access to paper-based and electronic information to those who need to see it;
- running through ID verification questions before disclosing information over the telephone;
- implementing access controls to our information technology
- disposing of data at the end of the retention period
- information will only be transferred outside of the UK with your consent and if specified secure conditions are met.

### **How we share your information**

The outcome of your assessment and associated notes will be disclosed to:-

- Your funder including solicitors, insurance companies and employers;
- The referring agent for example Motability and the DVLA;
- Healthcare professionals within the NHS or in private practice, including your GP, hospital consultants/specialists, local therapy teams, and the DVLA medical branch;
- Someone with a Power of Attorney or a court appointed deputy to act on your behalf in financial or medical decisions.

We may disclose your personal data to third parties when permitted to do so including:

- where we are acting as the data processor for another data controller;
- where we have a contract with a processor acting on our behalf;
- if we have a lawful basis for doing so;
- if we are under a duty to disclose or share your personal data in order to comply with any legal obligation. This includes providing your personal data to other organisations, such as the Police, for the purposes of prevention and detection of crime and the DVLA for the purposes of your own or public safety

We will not disclose your data to anyone else without your consent.

### **Your rights**

We will ensure you can exercise your rights in relation to the personal data you provide to us.

You have the right: of access; to rectification; to erasure; to restrict processing; and to object. You have the right to data portability and where QEF use an industry standard application, we will provide portable data formats. If you wish to exercise these rights please contact [dataprotection@qef.org.uk](mailto:dataprotection@qef.org.uk). There is an additional right relating to automated decision making but QEF does not undertake any automated decision making activities.

If you have any privacy-related questions or unresolved problems relating to the use of your personal data, you may complain to us by contacting us at [dataprotection@qef.org.uk](mailto:dataprotection@qef.org.uk)

You also have the right to complain to the Information Commissioner's Office about our collection and use of your personal data. They can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, [www.ico.org.uk](http://www.ico.org.uk).

### **Changes to our privacy notice**

We keep our privacy notice under regular review and we place any updates on this web page. This privacy notice was last updated on 19 February 2020.

### **Further information**

For further information on how your information is used, how we maintain the security of your information, your rights to access information we hold on you, or details on how long we hold your information.

Contact us via email: [mobility@qef.org.uk](mailto:mobility@qef.org.uk), or write to us at:

**QEF Mobility Service, 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW**

**Consent**

- I agree that QEF can hold, use and share information about me (as detailed above).
- I do not agree that QEF can hold, use and share information about me (as detailed above). Please detail below any concerns you may have or any restrictions/modifications you would like made below and our staff team will discuss these you.

<b>Concerns, restrictions or modifications</b>
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Client Signed	Name	Date