

Sent by/date

QEF Mobility Services
1 Metcalfe Avenue, Carshalton,
Surrey, SM5 4AW
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Email: mobility@gef.org.uk
www.gef.org.uk



QEF
queen elizabeth's
foundation for
disabled people

WHEELCHAIR/SCOOTER ASSESSMENT
APPLICATION FORM
(please complete using CAPITALS and return to the above address)

PERSONAL INFORMATION	
TITLE:	SURNAME:
FORENAME:	
DATE OF BIRTH: / /	EMAIL:
ADDRESS:	TEL (home):
COUNTY:	TEL (mobile):
POSTCODE:	TEL (work):
If we have to call you and you are not available may we leave a message? YES/NO	
What is the nature of your disability/medical condition? Please give brief details:	
Date of onset:	Do you experience any pain? YES/NO
Are you in receipt of the higher rate mobility component of Disability Living Allowance or the enhanced rate of the mobility component of PIP? YES/NO	
Have you been assessed by this Mobility Centre before? If YES , what year? Please give details: If NO , how did you hear of us?	
Are there any specific products that you would like to see during your assessment? YES/NO	

Please state manufacturer and model details:	Please explain why you are interested in this particular manufacturer or model:
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Please let us know if you will be using the report to provide information to any third party. If so, please give details:

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

A. About Your Circumstances

1. Please describe how your condition affects you

2. What do you hope to gain from your assessment?

3. If you currently have any mobility or healthcare equipment e.g. walking frame or oxygen cylinder which you wish to carry on a mobility vehicle, please provide details & dimensions

4. Do you have any previous driving experience in a car/ scooter or powered wheelchair? If so please give details

5. If you would like to take your mobility vehicle in a car for use at your destination, what is the make and model of the car?

Make: Model:

Estate / hatchback (circle answer)

6. Are you planning to change your car? **YES / NO**

B: About You

1. Do you wear glasses for distance? **YES / NO**

2. What is your Height: and Weight:

3. Are you right or left-handed? **RIGHT / LEFT**

4. How do you currently get around indoors?

5. How do you currently get around outdoors?

6. Can you stand independently from sitting? **YES / NO / ONLY WITH ASSISTANCE**

7. Please add anything else you think we ought to know

C. Environmental Factors (where mobility vehicle is to be used)

1. Please describe access into your home. Mention everything that needs to be considered *e.g. Front door width (please measure), step Heights, pathway Surfaces, Communal Areas, lifts*

2. If taking your mobility vehicle indoors, please describe access around the house. In particular we need to know

Internal doorway widths **(please measure exactly):**

Narrow corridor widths & available turning circles **(please measure exactly):**

3. Describe where you want to go in your vehicle and what you need to negotiate. E.g. Maximum distance required, roads, kerb heights, rough terrain (grass, gravel, pavement, steep hills).

Also...

Use of dropped kerbs	Yes / No
Pedestrian crossings	Yes / No

4. Provided lifting and loading problems can be solved, would you like to take it in:

Public Transport

Private car

Community Vehicles (Dial-a-ride)
wheelchair accessible vehicles

5. Where will you store and charge your vehicle?

Is there a power point in situ? Yes / No

6. When do you want to use the vehicle?

At night (it gets dark by 3pm in winter)

In the day

Both day and night

General Practitioner (GP) / Consultant:

Telephone Number:

Address:

County:

Post Code:

DECLARATION

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. **YES/NO**

There will be a 25% administration charge for all cancellations if another appointment is not required.

Signed

Date

PAYMENT

(taken at time of booking assessment)

A member of our bookings team will contact you once we have received your application form, to book your assessment and take payment

Full cost of an assessment: £150.00

MasterCard/Visa/Delta/Switch *(please delete as appropriate)

Cheque/Postal Order*(please delete as appropriate): made payable to "QEF Mobility Services". *Please enclose with this application form.

If you are not paying for the assessment yourself, please list below the name and address of the person or 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):	

OFFICE USE ONLY

Amount paid: £

Ref :

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.

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 ()

PLEASE READ, SIGN AND RETURN WITH YOUR APPLICATION FORM

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

If you are over the age of 13 and wish for someone to act or speak on your behalf, please complete their contact 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 discuss progress, recommendations and outcomes YES NO

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 discuss progress, recommendations and outcomes YES NO

Client 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 3rd 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 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, The Police 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. 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

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.

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 **10th February 2022**.

Further information/Contact us

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 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.

Concerns, restrictions or modifications

Client Signed	Name	Date