

Sent/Initials.....

QEF Mobility Services
1 Metcalfe Avenue, Carshalton
Surrey, SM5 4AW
Tel: 020 87701151
Fax: 020 8770 1211
Email: mobility@qef.org.uk
www.qef.org.uk



A member of the QEF
family of charities



Tryb4uFly Assessment Application Form

Please complete using capital letters and return to the address above.

Reason for application – please tick left hand box:	
<input type="checkbox"/> Try b4u Fly Cabin Transfer and Seating Assessment: A Health Professional will explain and demonstrate how you may be transferred into the airplane cabin and you can 'Try' supportive seating systems in the air fuselage.	£75.00
<input type="checkbox"/> Try b4u Fly Consultation: A trained professional will go through the process of managing your travel booking and journey, from your front door through to the airplane and arrival at your destination.	£75.00
Please note, payment is taken at time of booking	
How did you hear about us?	
1. About the passenger	
First name:	Surname:
Date of birth: / /	Male/Female
Address:	
Postcode:	
Email:	Phone number:
Weight:	Height:
Medical Diagnosis/es:	
What difficulties do you anticipate for flying?	

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2. About the person completing this form (if different from above)		
First name:	Surname:	
Email:	Phone number:	
Address (if different from above):	Will you be travelling with the passenger?	
3. Preparation for flying		
Have you discussed flying with your Doctor (GP or Consultant)?		
Do you have a wheelchair and/or seating system which you travel with?		
4. Flight information		
Have you contacted the Airline Assistance Team? YES / NO *Circle as appropriate		
	Outbound	Return
Date of travel		
Airline		
Flight number		
Airport of departure		
Airport of stopover		
Airport of stopover		
Airport of arrival		
5. Declaration of consent		
*I agree to an assessment with the team at QEF Mobility Services		
Signature:	Name in capitals:	
Relationship to passenger if signing on their behalf:		
Date:		

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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 ()