

# North Wales Mobility & Driving Assessment Service

Disability Resources Centre, Glan Clwyd Hospital,  
Bodelwyddan, Denbighshire, LL18 5UJ

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## ASSESSMENT APPLICATION FORM (NEWTOWN)

Mr / Mrs / Miss / Ms / Dr / Other \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TEL. NUMBER: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Would you please complete this application form with as much detail as possible.  
The information you give will help us to plan for your assessment.

### SECTION A – ABOUT YOU

1. What kind of medical condition or disability do you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe how your medical condition or disability affects you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you had this medical condition or disability?

\_\_\_\_\_

*Please fill out the form using BLOCK capitals. If you have difficulty completing this application form, please contact the Assessment Service for assistance.*

*If you know the name of your medical condition or disability (e.g. cerebral palsy), please write this here. If you have a non-specific medical condition or disability, please give as much information as you can, (e.g. back problems or problems with concentration).*

*Please give as much information as possible. For example, are your limbs affected by restricted movement or lack of strength? Do you easily get tired or have problems with coordination, etc?*

*Please give the date if known.*

4. Can you walk at all?

NO       YES

5. Do you ever use a wheelchair / scooter

NO       YES

If NO, please move on to question 9.

6. Do you ever use a wheelchair / scooter **at home**?

NO       YES

Manual wheelchair    Powered wheelchair    Scooter    Buggy

7. Do you ever use a wheelchair / scooter **out of doors**?

NO       YES

Manual wheelchair    Powered wheelchair    Scooter    Buggy

8. If you use a wheelchair, can you transfer into a vehicle without help from others?

NO       YES

9. Are you in receipt of the Higher Rate Mobility Component of the Disability Living Allowance?

NO       YES

or the Mobility Supplement of the War Pension?

NO       YES

## SECTION B – YOUR ASSESSMENT

Our Centres offer four assessment and advice services. The information below will help you decide which of these is best for you. They each vary in how long they take and a different fee is charged for each service. A full report is prepared after each service.

**a) Driving Ability Assessment** (includes advice on vehicle adaptation and access)  
If you have or have had a full licence, this assessment looks at both your ability to control the vehicle and to deal with traffic and other road users. It is for people such as those who have had a head injury, or a stroke or who have dementia. **It is advisable to bring another driver to accompany you on the day of the assessment.**

**b) Driving Ability Assessment (Learner driver with Provisional licence).**  
This assessment is for people who are concerned about beginning to learn to drive, who are experiencing problems with driving tuition or who have learning difficulties. This assessment also includes advice on vehicle adaptation and access if necessary.

**c) Advice on Adaptations for Cars.**  
This assessment is for people who have a physical disability and who need advice on car adaptations but who do not need to drive from a wheelchair. We will give you an opportunity to try out equipment in our vehicles.

**d) Passenger/Carer Assessment.**  
This service is for passengers who have difficulty getting in and out of a vehicle. The assessment explores a range of options including the use of specialist transfer equipment and wheelchair accessible vehicles. This service may also benefit carers who are experiencing difficulty assisting in the transfer of their clients.

1. Which type of assessment do you want to apply for? **(Please tick ONE box only)**

- a) Driving Ability Assessment
- b) Driving Ability Assessment   
(Learner driver with Provisional licence).
- c) Advice on Adaptations for Cars.
- d) Passenger/Carer Assessment

*Tick the box that mainly describes your requirements. If you are unsure of the type of assessment you wish to apply for, please contact the Assessment Service for assistance.*

If you are unsure which assessment you require, please contact the Assessment Centre.

2. Do you intend to use your assessment report for legal purposes?

- NO  YES

If YES please contact the Assessment Service to discuss your assessment.

3. Please write below any dates over the next four months when you **cannot** come for an assessment.

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4. Occasionally people cancel appointments at short notice. Would you like us to tell you about last minute cancellations if it would mean an earlier appointment?

- NO       YES

5. Would you like us to send you a list of accommodation in and around our location?

- NO       YES

6. Do you have any other special requirements during your visit?

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7. Do you require the services of an interpreter?

- YES Which language? \_\_\_\_\_
- YES British Sign Language

If you want an assessment as a driver, please go to Section C

If you want an assessment as a passenger, please go to Section D

### SECTION C – DRIVING LICENCE DETAILS

1. Do you have a valid driving licence?

- Yes - full licence, currently driving
- Yes - full licence, not driving at present
- Yes - provisional, never driven
- Yes - provisional, having / had tuition
- Yes - Provisional Disability Assessment licence
- No – please contact the Assessment Service for advice

*Tick the box that mainly describes your requirements.*

**2. Please give the following details about your driving licence**

Your driving licence number: \_\_\_\_\_

Licence valid from: \_\_\_\_\_ valid to: \_\_\_\_\_

**3. Has your driving licence ever been revoked by the DVLA?**

- No  
 Yes – If YES what date was it revoked? \_\_\_\_\_

*Please note that it is YOUR responsibility to inform the DVLA if you have a disability or health problem that is likely to affect your driving.*

**4. What type of vehicle do you drive at present?**

- Automatic transmission.  
 Manual transmission.

**5. Does the DVLA know about your present condition or disability?**

- No  
 Yes - IF YES, when did you inform the DVLA? \_\_\_\_\_

**6. Has a Doctor advised you against driving?**

- No  
 Yes - IF YES, please contact your Doctor requesting permission to attend for a practical driving assessment. This permission can be given verbally.

**SECTION D - PAYMENT**

All assessments are subsidised, however the administration fees are listed below:

<b>a) Driving Ability Assessment</b>	<b>£ 85.00</b>
<b>b) Driving Ability Assessment (Learner)</b>	<b>£ 85.00</b>
<b>c) Advice on Adaptations for Cars.</b>	<b>£ 85.00</b>
<b>d) Passenger/Carer Assessment</b>	<b>£ 85.00</b>

**Please enclose payment with this application form.**

We can accept cheques and postal orders.

Unfortunately we are **unable to accept credit or debit cards.**

Cheques should be made payable to: **Wales Mobility and Driving Assessment Service.**

## SECTION E

To help us plan our services, could you tell us how you heard about the Assessment Service?

- |  |  |
|--|--|
| <input type="checkbox"/> Been before               | <input type="checkbox"/> Forum website                 |
| <input type="checkbox"/> Disability group          | <input type="checkbox"/> Mobility Centre               |
| <input type="checkbox"/> Disabled drivers' group   | <input type="checkbox"/> Motability                    |
| <input type="checkbox"/> Doctor                    | <input type="checkbox"/> Publications and media        |
| <input type="checkbox"/> Driving Instructor        | <input type="checkbox"/> Social Worker/Social Services |
| <input type="checkbox"/> DVLA                      | <input type="checkbox"/> Solicitor                     |
| <input type="checkbox"/> Friends or relations      | <input type="checkbox"/> Therapist                     |
| <input type="checkbox"/> Garages/Modification firm | <input type="checkbox"/> Other Charity                 |
| <input type="checkbox"/> Other - please specify    |  |

As part of our aim to reach everyone in the community, it would help us if you could tick one of these boxes for monitoring purposes.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>White</b>                  | <input type="checkbox"/> <b>Mixed</b>                  |
| <input type="checkbox"/> British                       | <input type="checkbox"/> White and Black Caribbean     |
| <input type="checkbox"/> Irish                         | <input type="checkbox"/> White and Black African       |
| <input type="checkbox"/> Any other white background    | <input type="checkbox"/> White and Asian               |
| <input type="checkbox"/> Please state: _____           | <input type="checkbox"/> Any other Mixed background    |
|  | <input type="checkbox"/> Please state: _____           |
| <input type="checkbox"/> <b>Asian or Asian British</b> |  |
| <input type="checkbox"/> Indian                        | <input type="checkbox"/> <b>Black or Black British</b> |
| <input type="checkbox"/> Pakistani                     | <input type="checkbox"/> Caribbean                     |
| <input type="checkbox"/> Bangladeshi                   | <input type="checkbox"/> African                       |
| <input type="checkbox"/> Any other Asian background    | <input type="checkbox"/> Any other Black background    |
| <input type="checkbox"/> Please state: _____           | <input type="checkbox"/> Please state: _____           |

### Chinese or other ethnic group

- Chinese
- Any other
- Please state: \_\_\_\_\_

Do not wish to respond

**CONSENT**

**This section MUST be completed and must NOT be altered in any way.**

Please tick appropriate boxes and sign the statements below.

	YES	NO
Do you grant permission for details of your assessment to be discussed with a third party such as a family member, case worker, etc. Please name below. ..... .....	<input type="checkbox"/>	<input type="checkbox"/>

I authorise my Doctor(s) and/or Specialist(s) to release reports to the Assessment Centre about my medical condition.	<input type="checkbox"/>	<input type="checkbox"/>
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I authorise the Assessment Centre to release medical information to my Doctors and/or Specialists about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).	<input type="checkbox"/>	<input type="checkbox"/>
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Please give contact details for your Doctor (General Practitioner)

G.P. Name: .....

Address: .....

Telephone number: .....

The Data Protection Act 1998 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 purpose of finding out users' views about the service provided by the Assessment Services or to specialists i.e. driving instructors or approved adaptation conversion firms who may be assisting you following your assessment. Only occasionally do we need to do this and it may well not apply in your case. We DO NOT release information which is not relevant to your fitness to drive nor discuss your 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, what personal information the Assessment Service is holding about you and, subject to a few limited exceptions, to be supplied with a copy of this information.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION**

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking time to complete this application form. We will aim to let you know the date of your assessment within 2 weeks of receiving this form.**