



Please circle the appropriate response to the questions below.

### **DRIVING EXPERIENCE**

Are you currently driving?	YES	NO
How long have you held a full licence?		

### **LICENCE DETAILS**

1. Do you currently have a driving licence in your possession?	YES	NO
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If NO please move to question 10

2. What type of licence do you have?	FULL	PROVISIONAL
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4. What is your driver number?

5. Valid until when?

6. Do you have a motorcycle, HGV or PSV licence?	YES	NO
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7. Does the licence have any special codes / wording related to adaptations/period of validity?	YES	NO
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If YES please state below:

8. Are you currently undertaking driving lessons?	YES	NO
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9. Have you notified DVLA of your medical condition?	YES	NO
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10. Is your licence currently being reviewed by DVLA?	YES	NO
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If YES, have they confirmed in writing that you may continue to drive?	YES	NO
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11. Have you applied for a licence?	YES	NO
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If Yes is this for:	Renewal	Re-instatement	Provisional
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12. Has your licence been revoked / retained by DVLA?	YES	NO
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13. Have you been advised by a doctor not to drive?	YES	NO
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Please give name and contact details of this doctor

### **VEHICLE DETAILS**

Do you currently own a car? YES NO

Please give details of make and model

Does it have? Automatic transmission YES NO

Power steering YES NO

Please tell us about any special control you have fitted:

Do you intend to drive this car in the future? YES NO

If you are a client of Motability, please state Reference No. and lease expiry date.

### **MOBILITY**

Can you walk YES NO

Do you use a wheelchair for all/most of your outdoor mobility YES NO

Can you stand to transfer YES NO

Do you use a transfer board YES NO

Do you use a hoist to transfer YES NO

Do you expect to drive from your wheelchair YES NO

Are there any other areas related to driving that you wish us to consider?

- Getting in / out of the vehicle? YES NO
- Seating ? YES NO
- Wheelchair loading? YES NO

Have you ever attended this or any other driver assessment Centre before? YES NO

If YES, please state approximately where and when.

**GP Name:****Address:****Postcode:****Tel No:****OTHER HEALTH INFORMATION**

Have you ever had any form of seizure or epileptic fit?      *YES*      *NO*      *UNSURE*

If you have answered Yes, when was this?

Awake

Asleep

Date of first attack

Date of last attack

If you have answered Unsure please give further details:

When was your last eye test?

Are you awaiting any surgery within the next few months which could affect your ability to drive e.g. cataract correction, hip replacement or heart surgery? If YES please give details below:      *YES*      *NO*

(If you have already given these in answer to question 12 do not complete)

**OTHER INFORMATION**

Please outline below any further information you think may assist us. For example: names of Doctors you are seeing, reports from therapists or psychologists. Please tell us about any special requests that you may have.

**Who is the report for? - Please circle below as appropriate**

<b>Self</b>	YES	NO	<b>Motability</b>	YES	NO
<b>DVLA</b>	YES	NO	<b>Employer</b>	YES	NO
<b>Insurance Co.</b>	YES	NO	<b>Solicitor</b>	YES	NO
<b>Other - please specify</b> .....					

<b><u>COSTS</u></b>	Standard report £ 95.00                      Reduced rate £ 72.50 <b>(Not intended for Medical / legal reports)</b>
	<i>Specialist Report – Hourly rate applies/ Details on request</i>
<b>If applying for reduced rate, please confirm:</b> Are you in receipt of the Higher Rate Mobility Component of Disability Living Allowance    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**EQUAL OPPORTUNITIES DATA:**

*Please circle below as appropriate*

**Male / Female**

ETHNIC ORIGIN				
<b>A White</b>	/////	<b>C Asian or Asian British</b>	/////	<b>E Chinese or other ethnic group</b>
British		Indian		Chinese
Irish		Pakistani		Any other
Any other White background		Bangladeshi		
		Any other Asian background		
<b>B Mixed</b>	/////	<b>D Black or Black British</b>	/////	<b>F Any other group</b>
White and Black Caribbean		Caribbean		Please specify
White and Black African		African		
White and Asian		Any other Black background		
Any other Mixed background				

Please turn over\

Report costs include a public road assessment where appropriate however we reserve the right not to proceed on road if any of the following apply:

1. You are not in possession of a licence.
2. In our opinion your eyesight fails to meet the legal standards for driving.
3. In our opinion safety would be compromised.
4. Your medical condition does not comply with the legal standards to drive.

Occasionally, to enable us to undertake a fully comprehensive assessment of your suitability to drive independently, it may be necessary for you to return to the Centre for a further in-car on road assessment. There may be an additional charge in such circumstances.

The information you supply will be held in accordance with the terms of the UK Data Protection Act (1998). Identifiable information will only be shared within Derby Hospitals NHS Foundation Trust & subsequently wider within NHS, Department for Transport, the DVLA and Motability as required on an individual basis.

#### CONSENT

I agree to undertake a driving assessment at Derby DrivAbility and have answered the above questions as correctly as I am able.

I may be contacted by telephone, in relation to the assessment.

I consent to Medical practitioners being contacted when the Centre require additional information to ascertain my fitness to undertake an assessment and a copy of the assessment being forwarded to my G.P.

**Signature:**

**Date:**

**If you have not already done so we would ask you to notify DVLA of your health condition. If you have already notified them and there has been a change to this in the intervening time you are advised that you should also update DVLA of any change.**