



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

www.qef.org.uk

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

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

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

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

Have you spoken with your GP about flying?
Do you experience pain or discomfort when travelling?
Are you receiving any medication that you will need to take with you?
Will you need to use or take with you any of the following? <input type="checkbox"/> Catheter/stoma bag, <input type="checkbox"/> Liquid food <input type="checkbox"/> Oxygen cylinder <input type="checkbox"/> Medication <input type="checkbox"/> Other, please describe:
Do you use a wheelchair or seating system that you are considering taking with you? Product name/s:
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?		
<input type="checkbox"/> You or the person referred has not flown before <input type="checkbox"/> You or the person referred has flown before but not with a disability <input type="checkbox"/> You or the person referred has flown and would like to improve the experience <input type="checkbox"/> Other - (please describe)		
What would you like to learn to make your flight easier or less stressful?		
Booking <input type="checkbox"/> Arriving at the airport <input type="checkbox"/> Checking in your bags <input type="checkbox"/> Going through security <input type="checkbox"/> What equipment you can take <input type="checkbox"/> Boarding <input type="checkbox"/> Connecting flights <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transferring from your wheelchair <input type="checkbox"/> Making your way down the aisle <input type="checkbox"/> Transferring into your seat <input type="checkbox"/> Seating location <input type="checkbox"/> Seating support <input type="checkbox"/> Using the toilet <input type="checkbox"/> Other (please list) <input type="checkbox"/>

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

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

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

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?

DECLARATION

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. I understand I have the right to withdraw from the assessment at any time. I understand that a copy of the report will be sent to my Doctor by QEF Mobility Services, unless otherwise instructed.

I understand and 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. I also agree that staff may occasionally record images during assessments to provide additional content to the written report.

I accept that if I fail to attend my appointment, or do not complete the assessment or if I do not give at least 5 working 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.

QEF may hold information regarding your assessment under the Data Protection Act 1998, to monitor and compare any previous assessment outcomes.

Signed Date

PAYMENT:

Full cost of an assessment: £50 00

MasterCard/Visa/Delta/Switch **Card No:**

Expiry date: / Security No. to be given when booking appointment Office use only

Cheque/Postal Order (*delete as appropriate*) made payable to **"QEF Mobility Services"**.

Name (person/organisation)	
Address	Postcode:
Contact name :	Contact Tel:

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.

PLEASE RETURN THIS FORM TO:

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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 ()