

QEF Mobility Services

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www.qef.org.uk



QEF

queen elizabeth's
foundation for
disabled people

Try b4u Fly
ASSESSMENT APPLICATION FORM
(please complete using CAPITALS and return to the above address)

PARENT/CARER/GUARDIAN (please select)

(MR/MRS/MISS/MS) SURNAME **FORENAMES**

ADDRESS

..... **COUNTY** **POSTCODE:**

TEL (home) **(work)** **(mobile)**

If we have to call you and you are not available may we leave a message? YES/NO

EMAIL

Information about the child/person being referred

First Name(s) **Surname**

Home Address(if different from above)

..... **Post Code**

D.O.B **Age** **Male/Female(Please select)**

Height **Weight**

Medical Diagnosis

How does the medical condition or disability affect them (please give as much detail as possible and continue on a clean page if necessary)

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Due to central Government Funding, we need the following information for research purposes:

Ethnic Origin: Asian Bangladeshi () Asian Indian () Asian Other () Asian Pakistani () Black African ()
Black Caribbean () Black Other () Chinese () Declined to comment () Ethnic Other() Mixed Other()
Mixed White + Asian () Mixed White + Black African Mixed () Mixed White + Black Caribbean ()
White British () White Irish () White Other ()

How did you hear of us?

Have you been assessed by this Mobility centre before? **YES/NO** (year)

TYPE OF ASSESSMENT

[✓] **Try B4U Fly**
(postural support choices, transferring in and out, other matters to consider)

If you are unsure if this is the appropriate assessment, please ring to discuss.

Medical Information

General Practitioner/Consultant		
Address		
County.....	Post Code	Telephone

Any Other Relevant Contact e.g. Physiotherapist		
Address		
County.....	Post Code	Telephone

1. Is the person receiving any medication and/or treatment? (If yes please give details)
YES/NO
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.....

2. Does the person use any aids or equipment e.g. catheter, NG tube, stoma bag, oxygen cylinder? (If yes please give details) YES/NO
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3. Does the person experience any pain? (If yes please give details) YES/NO
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B. About Your Circumstances

1. What do you hope to gain from the assessment?
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2. Are there any specific products you would like to see during the assessment?
Burnett System Crelling Harness TravelChair CARES Other (Please give details below)
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3. Have you experienced using postural support systems? If yes please give details YES/NO
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4. Are there any dates that you are unable to attend for assessment?
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5. What is the date of your intended travel?

6. What is the name of the airline you are hoping to travel on?

DECLARATION

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 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 : I would like to pay £ via (please tick):

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

Security No to be given when booking the appointment ___ ___ Expiry Date: ___ ___ / ___ ___

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

Please put your card number and address on the back of your cheque.

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.

Name (person / organisation)

Address

.....

..... Postcode:

Contact name Tel:

Office Use:

Appointment booked/...../..... By Admin Name

Payment Received card cheque PO cash

Cheque/Postal Order detail/Receipt no.

Additional Information

Please tell us about your experience of flying with the person in question

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How helpful have you found travel agents/airlines with establishing your needs?

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How knowledgeable were the staff?

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How easy/difficult did you find it when researching air travel for a person with a disability?

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How could your experience have been improved?

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Have your arrangements with the airline been successfully met? If not please elaborate.

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Please note any other thoughts/ideas/suggestions

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