

Driving Assessment Application Form

Section 1. PLEASE USE BLOCK CAPITALS

Name

Address

Telephone

RSI / PPS No

Date of birth

Email

Section 2. PLEASE STATE CLEARLY:

A) The nature of your disability: (eg Stroke, MS, Arthritis, Spinal Injury, etc.)

Date of diagnosis or occurrence

How does your disability affect you? (please give as much information as possible, e.g use of limbs, restricted movement, strength, tiredness, co-ordination etc.)

Section 3.

If applicable, please outline what driving elements are difficult
e.g use of brakes, accelerator, clutch, steering, vehicle access, etc

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Section 4.

Have you undergone a driving assessment previously? If yes please give further information:

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Section 5.

Are you taking any medication? If yes please give further information:

IF YOU NEED ASSISTANCE WITH THIS, PLEASE CONSULT YOUR GP OR PHARMACIST

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Section 6.

Are you willing to authorise the assessment team to contact other medical professionals if required, to assist in your driving assessment?

(Please tick ✓) Yes No

We would appreciate if you would please include with this application, any correspondence you have received from you consultant or occupational therapist with information relating to your disability.

Note that in order to do an assessment with us you **must** be in possession of a **current provisional or full driving license**. It is **very important** that you fill in all the details in sections **7 – 10 inclusive**.

Section 7.

Do you have a current driving license? If yes, is it:

(Please tick ✓) Provisional Full

Section 8.

Are you currently driving?

(Please tick ✓) Yes No

Section 9.

Have you notified the licensing authority of your disability?

(Please tick ✓) Yes No

Section 10.

Please note: IWA cannot accept clients for the Driving Assessment unless they hold a **current provisional or full driving license.**

Please give the following information:

License number

License issue date

License expiry date

Section 11.

Please tick your preferred choice of centre for the assessment

- | | | |
|---|--------------------------------|---------------------------------|
| <input type="radio"/> Carlow | <input type="radio"/> Clane | <input type="radio"/> Clontarf |
| <input type="radio"/> Cork | <input type="radio"/> Galway | <input type="radio"/> Kilkenny |
| <input type="radio"/> M'cunningham
(Co. Donegal) | <input type="radio"/> Limerick | <input type="radio"/> Mullingar |
| <input type="radio"/> Navan | <input type="radio"/> Wexford | |

Signed

Date

The fee for O.T. Assessment is currently €70 and €50 for an in-car assessment. Payment will be accepted, on the day of your appointment.

Please Return to:
Irish Wheelchair Association
Maats Programme, Ballinagappa Road, Clane, Co Kildare
Tel 045 893 094 | Email: maats@iwa.ie