

**Community Cars**

**Client Details and Risk Assessment Form**

Office Use Only:

User ID:…………………..

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Phone Number |  |
| Emergency contact (Name and number) |  |
| How did you hear about the service? |  |

|  |  |
| --- | --- |
| Can you use a taxi for your travel needs, if not please explain why? |  |
| Can you use a bus for your travel needs, if not please explain why? | There is no local bus route to where I want to go |[ ]
|  | The bus doesn’t go at the time I need to travel |[ ]
|  | I cannot get to the bus stop |[ ]
|  | I am unable to board a bus on my own |[ ]
|  | I cannot afford the cost |[ ]
|  | Other (please explain): |
| **In order to qualify for this service, we must understand why you cannot use other transport available in the area. We aim to provide an accessible service not a cheaper service.**  |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes  | No |
| Can the passenger get themselves and their bags to the car and in and out of the car unassisted?  |  |  |
| Can the passenger get themselves to the car unassisted but needs help with bags and sticks?  |  |  |
| Does the passenger need some assistance to the car (e.g. wheelchair pushed/steadying arm)? |  |  |
| Does the passenger need to sit in the front seat?   |  |  |
| Does the passenger use a wheelchair?   |  |  |
| If yes, what type, size etc |
| Can the passenger transfer from their wheelchair to a car without assistance? |  |  |
| Does the passenger have a blue badge?  |  |  |
| Has the passenger got any health problems that the car scheme should be aware of e.g. Visual/Speaking/Hearing/Memory |  |  |
| Any specific medical condition the driver needs to be aware of? |  |  |
| Does a carer /relative/friend need to accompany the passenger?   |  |  |
| If yes does the carer/relative /friend have any special requirements e.g. wheelchair user |  |  |
| Any further information (please list anything that will assist the driver when they pick up the passenger) |  |  |

I have answered the questions honestly about my condition and I consent to DIB storing this information and sharing it with appropriate staff and volunteer drivers only. I agree not to be under the influence of Drugs or Alcohol before or during journeys and I understand that if I fail to comply with this it may affect my use of the service in the future.

|  |  |
| --- | --- |
| Client consent and signature |  |
| Date |  |

