

Age Action Alliance Mobility Vehicle Survey

About Yourself:
Name (Optional)
What is your Post Code?
About the Vehicle User:
Was the vehicle for use by:
Yourself? <input type="checkbox"/>
Your partner? <input type="checkbox"/>
A relative? <input type="checkbox"/>
Was the vehicle purchased for you? <input type="checkbox"/>
Other? (please specify) <input type="checkbox"/>
About the Vehicle:
What type of vehicle is it?
<input type="checkbox"/> 'class 2 invalid carriage' (these can't be used on the road (except where there isn't a pavement) and have a maximum speed of 4mph)
<input type="checkbox"/> 'class 3 invalid carriage' (these can be used on the road, and have a maximum speed of 4mph off the road, and 8mph on the road)
Purchasing the Vehicle:
When you purchased the vehicle:
Was it new? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was it second hand? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hire your Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you purchase the vehicle: Please mark as appropriate
<input type="checkbox"/> At a local specialist Shop? (Shop mobility etc.)
<input type="checkbox"/> At a non specialist local shop? (Garden Centre etc.)
<input type="checkbox"/> From a mail order catalogue?

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From somewhere else (please specify)

From the internet:

From a specialist supplier?

From ebay or similar?

If you hire your vehicle, please state where from.

Insurance:

Do you have insurance for the vehicle? Yes No

If yes, what does it cover:

Theft

Personal Injury

Third Party Injury

All of the above

If No, are you aware that you can get insurance cover for your vehicle?

Yes No

If you were aware, why did you decide not to take out cover?

Training:

Have you, or the user, undertaken any training in the use of the vehicle?

Yes No

If Yes: Was this at:

Time of purchase. Yes No

Or later. Yes No

Who organised it:

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- The Supplier?
- The local authority?
- A local charity?
- Someone else? (please specify)

How long did the training take?

Following the training, do you feel fully confident in the use of the vehicle?

Yes

No

If you did not have any training:

Are you aware of any training available in your area?

Yes

No

If yes, and you did not have training, could you say why.

Please add any additional information you think relevant

Please return to Ken Cooper at: ken.cooper@dwp.gsi.gov.uk

Or Post to:

Ken Cooper, 1E Caxton House, Tothill Street, London SW1H 9NA

