

# EMPLOYER DECLARATION

## Vehicle Purchase & Modifications Level 2

### APPLICANT DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

### EMPLOYER/SUPERVISOR DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

### DECLARATION QUESTIONS

1.	I confirm that the applicant has completed and I have peer reviewed two assessments that demonstrate the Level 2 competencies.
2.	I confirm that the applicant has maintained competence in all Level 1 Credential knowledge and skills.
3.	I confirm that the applicant can determine the capacity of a disabled person to drive safely and independently.
4.	I confirm that the applicant uses evidence-based and other relevant assessment tools capable of measuring the impact of age and other health-related issues on driving safely e.g. Driver Advisement System, Canterbury Driving Assessment Tool.
5.	I confirm that the applicant understands the indicators for and the complexities for the position and use of hand controls that promote safe driving and postural management.
6.	I confirm that the applicant understands the range of interventions available to promote safe driving and community mobility options other than vehicle modifications including transport alternatives.
7.	I confirm that the applicant uses assessor/instructor safety equipment and appropriate safety techniques during in-vehicle assessments.
8.	I confirm that the applicant can determine driver readiness to drive independently in a modified vehicle.
9.	I confirm that the applicant has completed an assessment subsequent to vehicle modifications being made including Low Volume Vehicle Technical Association Disability Adaptive Controls Form (FSO29) on completion of a satisfactory off-road and on-road assessment.
10.	I confirm that the applicant has prepared and presented a case study of a complex assessment that I have reviewed. The case study demonstrates thorough clinical reasoning and presents a preferred option that met the person's needs, was cost efficient and met the appropriate funding guidelines. The case study

	demonstrates a recommendation that resulted in driver independence and/or safe seating and transportation while a passenger in a vehicle.
11.	I can confirm that the applicant has established linkages with a Wheelchair and Seating Level 1 Assessor to collaboratively discuss suitable solutions.
12.	As the nominated supervisor, I have supported the applicant to submit EMS Vehicle Purchase & Modifications Service Requests within the last 12 months. I am satisfied that the applicant demonstrated competencies necessary to undertake assessments and make recommendations for people either needing to drive from their wheelchair and/or use joystick technology.
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"><a href="#">I verify that this information is correct</a></div> <div style="border: 1px solid black; padding: 2px;"><a href="#">I cannot verify this application</a></div> </div>

SAMPLE