



TAC	WORKCOVER	INSURANCE	Client Intake Form	IDRIVESAFETY Client Number :	
idrives	afety so you can: Of	fices & Driver Coa	ches across Melbourne,	Geelong & Country Victoria	
	Date	Case manage	rs name	Claim Number:	
Case	e Managers Email:		Case mana	gers phone number	
	Clients nform	ation. a	II details strictly private	and confidential	
Client	ts Name: First & Last		Date of Birth	Licence Number	
Addr	ress				
City		State.		Post Code	
Vehi	cle requirements: Au	to/manual/ mod	ification see below for sp	pecifics	
Clier	nts Gmail / email		Clients mobile n	Clients mobile number	
Occu	pational therapist Na	ame:	Occupational the	Occupational therapist email	
Occu	Ipational Therapist N	lobile	Organisation na	Organisation name if not Self Employed	
S	pecialist idrivesafety	Coach Request	Person Co	ompleting this form	
	0		•	(

Australian Mail: p o box 1849 Geelong Victoria, 3220, Australia

Administration 1800 956 999

info@idrivesafety.com.au

idrivesafety is an International Safety Foundation business. ABN 75778301978. ACNC 75778301978 (A non-for-profit org)





select required Hand (
Left Foot Accelerator	RB System	Steering ball Left	Steering Ball Right
Fadiel FSK 2000+	Fadiel Satellite	Hand Control	Monarch Hand control
lease detail injuries and dis	abilities including an	y specific information t	hat may impact driving

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