

Individual Application for Registration

Confidentiality will be maintained at all times

No public access to this information will be allowed

Personal Details

Title e.g (Mr/Mrs/Miss)		Date of Birth:					
Forename		Surname					
Address:							
		Postcode:					
Telephone No:							
Eligibility Criteria							
These are the priority groups that qualify members to use the scheme. Please tick all the statements which are appropriate to you:							
	My mobility is permanently restricted and I am unable to use public transport						
	I have a sensory impairment, learning disability or an enduring mental health problem.						
	I have a temporary inability to use public transport						
	I live in an isolated area where public transport is limited						
	My transport needs are not met by existing services or timetables						
	I need support of a passenger assistant/ companion to travel (to be						
	provided by the Member)						
Emergency Contact e.g. (Relative/Friend/Neighbour)							
Name:							
Address:							
Telephone No:							

Your Doctors Details Doctors Name: _____ Address: Telephone No: _____ In order we may allocate the right vehicle and driver for your requirements please provide us with information on the following: Please delete as appropriate Are you able to get into and out of a car/bus? Yes/No Yes/ No Are you able to get into the back seat of a two door car? When travelling do you use: Yes/ No a) a wheelchair Yes/No If yes can you transfer unaided from a car/bus? If yes is your wheelchair manual or electric manual/electric If a manual wheelchair is it collapsible Yes/No Yes/No b) a walking stick c) a walking frame/ crutches Yes/ No d) a rigid shopping trolley Yes/No Yes/ No Do you have a visual impairment Do you have a hearing impairment Yes / No Special Requirements: **General Health:** Please give details of any conditions that you may have which you think we need to be aware of e.g. giddiness, angina, arthritis etc, so that we may provide you with a safe & stress free journey

I declare that the information provided is correct at the time of completion and understand that should my circumstances change in relation to eligibility for use of the scheme, then I should notify the Bridgend Community Transport office as soon as I am able.								
Signature:				Date:				
Please return completed form to:								
Bridgend Community Transport Unit 1 A Australian Terrace Bridgend CF31 1LY								
Once your application is received and processed we will notify you of acceptance to the scheme. Please note that this process may take up to 10 working days.								
Equal Opportunities Policy Monitoring								
Provision of this information will help us ensure that all sections of the community are aware of the scheme								
Please tick as appropriate								
Are you:								
Gender:	Male			Female	I			
Age:	Under 1	l6 🗆		16 – 35	Ī			
	35- 65			over 65	Ī			
Ethnic	Black Caribbe	an □	٧	White British	I			
Origin	Black African		٧	White Other	I			
Other, please specify								
Signed								
Office Use Only								
CTX No	CS No:	Date:						