



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

Are you able to get into the back seat of a two door car? Yes/ No

When travelling do you use:

a) a wheelchair Yes/ No
If yes can you transfer unaided from a car/bus? Yes/No
If yes is your wheelchair manual or electric manual/electric
If a manual wheelchair is it collapsible Yes/ No

b) a walking stick Yes/ No

c) a walking frame/ crutches Yes/ No

d) a rigid shopping trolley Yes/ No

Do you have a visual impairment Yes/ No

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
