

Town Rider Scheme

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: _____ Email _____

Bus Pass number _____

Emergency Contact e.g. (Relative/Friend/Neighbour)

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 up and down minibus steps unassisted? Yes/ No

If no, do you require use of a passenger lift? Yes/ No

When travelling do you use:

a) a wheelchair Yes/ No

If yes, can you transfer unaided to a minibus seat? Yes/No

Is your wheelchair manual or electric? manual/electric

If a manual wheelchair, is it collapsible? Yes/ No

Please supply details of the make and model of your wheelchair in the box below

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Town Rider Scheme

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

Are there any parking or access problems at your home Yes / No
If yes, please specify

Other Special Requirements for Travel:

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: _____

Town Rider Scheme

Please return completed form to:

Town Rider Scheme
c/o 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 and arrangements for booking travel. 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

Age: Under 16 16 – 35

 35- 65 over 65

Ethnic Black Caribbean White British

Origin Black African White Other

Other, please specify

Signed

Office Use Only

CTX No	CS No:	Date:
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