

## DISLEY COMMUNITY TRANSPORT MEMBERSHIP APPLICATION FORM

If you require assistance completing this form please telephone 01663 762726

<b>Passenger Details</b>			
Name:			
Address:			
Postcode:			
Telephone No:			
Emergency Contact No:		Emergency Contact Relationship:	
Date of Birth:			

<b>Additional Details (please circle the most appropriate answer)</b>	
Do you use a wheelchair?	Yes / No / Sometimes
What type of wheelchair do you use?	Folding / Fixed / Powered
Do you want to transfer from your wheelchair to a seat on our vehicle?	Yes / No
Do you use a mobility aid?	Walking Frame / Walking Stick / Crutches / Tri-Walker / 4-Wheeled Walker Other.....
If shopping, do you use a shopping trolley?	Yes / No
Will you be travelling with a guide dog?	Yes / No
Can you get into a 'people carrier' style car?	Yes / No
Do you need a passenger assistant?	Yes / No

**Disley Parish Council** operates a door to door service which is available to disabled and older people who find it difficult to use public transport. Please tick all the boxes that apply to show the reasons why you need to use the service.

Public transport is not easily accessible to me	
I need to feel reassurance that the bus will stop when required	
I need a door-to-door service	
I need additional handrails and grips	
I need to use a passenger lift to access the mini-bus	
I need the floors to be level	
I need low steps to board and exit from the bus	
I need personal assistance	
I need time to board and exit from the bus	
I need wheelchair access and restraining systems for my chair and myself	

**Please note that your details will be stored on computer in accordance with the Data Protection Act.**

I wish to apply to become a member of Disley Community Transport Group

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
A – Z Reference	Membership No