

# North Holderness Community Transport Membership Form

Charity No. 1105145

Your Name: .....

Address:.....  
.....

Post code.....

Home telephone no.....

Mobile no.....

Email address.....

## Walking aid or shopping trolleys

Do you travel with a walker or trolley?....Y/N

## Wheelchair users

Do you travel in your wheelchair? .....Y/N

The office will contact you for further details of your wheelchair to ensure it is suitable to be used on our vehicles.

**Why do you need to use our services?** (Please tick those that apply)

- I am Registered Disabled.
- I have mobility problems and cannot walk for more than 80 yards, or wait for a bus for more than 5 minutes.
- Travelling as a necessary companion to such a person.
- It is difficult to access public transport.
- I live in a rural area with no convenient public transport to the destination required.
- Not own a car or have frequent and convenient access to one.

Please inform North Holderness Community Transport of any changes in your circumstances which may affect your eligibility to use the community transport services.

## **Please supply contact details of someone we should contact on your behalf in an emergency.**

Name:.....

Telephone Number:.....

Relationship with emergency contact:.....

## **In signing this application, I confirm that:**

All the information I have supplied is accurate, **please tick** to give your consent on how we will use your data.

- I consent to receive information regarding North Holderness Community Transport Services, Newsletters, Information sheets and questionnaires/Surveys.

Signed: .....

Date:.....

**Please return to North Holderness Community Transport, H.A.R.T. Yard, Cliff Road, Hornsea HU18 1JB**

(To withdraw consent at any time please let us know in writing)

For privacy information go to <http://medibus.org.uk/privacy-policys/privacy-notice>