



Wyvern Community Transport

The White House, rear of Council Offices,
Kiln Road, Thundersley, Benfleet, Essex SS7 1TF

Registered Office

Member's Application Form Castle Point

Please use capital letters throughout
Private and Confidential when complete

Membership No:

Personal Details

Surname: Forename:

Mr/Mrs/Ms/Miss/Other please specify Date of birth:

Address:

..... Post Code:

Tel No: Mobile No:

Email:

Next of kin details

Contact Name: Relationship:

Address:

..... Post Code:

Tel No: Mobile No:

State of health or disabilities

State of health/disabilities:

Doctor's name & address:

..... Tel No:

How did you hear of our scheme?

Doctor Clinic Friend Poster/Leaflet Website Other:

Do you use any of the following?

Walking Frame Walking Stick Other:

President: Rt Hon Mark François MP

Vice President: Rebecca Harris MP

CTA no. 56954

Registered Charity no. 1113449

Company limited by guarantee no. 5563814



01268 753513

01268 754936

bookings@wyvernct.org.uk

www.wyverncommunitytransport.org.uk



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Wheelchair, Scooters & travelling

Do you use a wheelchair: Yes / No

A risk assessment will be carried out to assess if electric wheelchairs and mobility scooters are suitable to be transported

If yes, is it.

A standard Static Wheelchair Electric Wheelchair Mobility Scooter

Are you able to come out of the wheelchair during loading and unloading? Yes / No

If you use a wheelchair can you transfer unaided to and from a car? Yes / No

Is it difficult for you to use public transport? Yes / No

If so please specify:

Are your transport needs met by existing services and timetables? Yes / No

Can you easily get into and out from a Minibus/Car? Yes / No

Are you a permanent resident of Castle Point? Yes / No

Do you need an escort to travel? Yes / No

If you need an escort please give details:

Any other information that may help the driver when he comes to call for you.

Declaration

I declare that the information I have given on this form is true and I also authorise Wyvern Community Transport to make any enquiries necessary to verify the information given. Although this information is Private and Confidential I give my permission for the relevant information to be used in the case of emergency. **I understand that all personal data are processed in accordance with the Data Protection Act 1998.**

Signed:

Date:

President: Rt Hon Mark François MP

Vice President: Rebecca Harris MP

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