



# Wyvern Community Transport

Member's Application Form Rochford  
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: .....



# Wyvern Community Transport

## Wheelchair, Scooters & travelling

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

Do you use a wheelchair: Yes / No

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 Rochford? 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: .....