



BACT Community Transport

info@bactcommunitytransport.org.uk

Tel: 01986 896896

If you wish to use the Dial-a-Ride Service, please complete this form and return to **bact** (address at bottom of reverse page). All information will be treated in the strictest confidence. Thank you!

Title: Mr/Mrs/Miss/Other (please specify): _____

Name: _____

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

Email: _____

Date of Birth: _____

GP Surgery: _____

If you live in a rural area, please give a brief description of directions and location:

I am applying for membership to **bact's** Dial-a-Ride Service on the following grounds (please tick all that apply)

- I am unable to make use of any available bus service that is currently provided in my community.
- There is no bus service in my community which calls at my required destination.
- There is no bus service in my community.

Please also give the following information to help us to help you.

Please tick the relevant boxes and delete where appropriate:

- I am aged 60 or over
- I am aged under 18 and my date of birth is __/__/____
- I am registered blind or partially sighted
- I am confined to a wheelchair *Manual / Powered* (please give details, size, wheels etc)

- I prefer to transfer out of the wheelchair once on the bus and can do this *unaided / only with help*
- I use a walking aid (please describe)
- A carer will accompany me
- I have a medical condition (please give details) _____

- I have to carry essential medicines with me at all times (please specify) _____

- I suffer from allergies (please specify) _____

Please give details how you heard of **bact**'s Dial-a-Ride Service: _____

Person to contact in an emergency: _____

Tel No: _____

Signed: _____

Date: _____