

EAST HULL COMMUNITY TRANSPORT
Tel. 01482 719600 Fax . 01482 211922

DIAL A RIDE APPLICATION FORM

If you have difficulty with filling in this form please give us a call!!

Title Mr/Mrs/Ms/Miss	First Name	Last Name
Date of Birth		Tel No
Address		
Postcode		
Mobile No.		
<p>The scheme is only open to people who have difficulty using public transport.</p> <p>Please state why you find it difficult or impossible to use Public Transport</p> <p>.....</p>		
<p>Do you have a Hull City Council Concessionary travel pass Yes/No</p>		
<p>Are you registered disabled Yes/ No</p> <p>What is the nature of your disability?.....</p> <p>.....</p>		
<p>Please give details of someone we can contact on your behalf in an emergency</p> <p>Name.....Relationship(e.g.Son).....</p> <p>Address.....Phone No.....</p> <p>.....</p> <p>.....Post Code.....</p>		
<p>Please remember to fill in the reverse of this form!</p>		

Do you require have any special transportation requirements **Yes/No**

Must you travel in a wheelchair **Yes/No** **What Type Manual or Electric**

Do you use a walking aid? **Yes/No** **Please state Type.....**

Must you be accompanied when you travel? **Yes/No**

Can you travel by car **Yes/No**

Any further information that you feel we should know about prior to travel

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Due to the constraints of our operating licence we can only provide transport for the following.

Education **Recreation**

Religion **Medical**

Social Welfare

Please tick the reason most associated with your transport need.

DECLARATION:

I confirm that the above details in support of my registration, are correct and that I find it impossible or difficult to use public transport

Name:

Signature **Date.....**

Office Use Only

Membership No

Accepted/Declined

Details Recorded.....

Client Contacted Date.....

**Send application form to:-
East Hull Community Transport,
Unit D6C
Chamberlain Business Centre
Chamberlain Road
HULL HU8 8HL**