

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

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**