

DIAL A RIDE APPLICATION FORM

Tel. 01482 719600

If you have difficulty with filling in this form, please call.

Title Mr/Mrs/Ms/Miss	First Name	Last Name
Date of Birth		Tel No
Address		
Postcode		
Mobile No.		
The scheme is open to people who have difficulty using public transport.		
Please state why you find it difficult or impossible to use Public Transport		
.....		

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:

Address:

Phone No.

Post Code:

Do you require any special transportation requirements Yes/No

Do you travel in a wheelchair? Yes/No

What Type of wheelchair do you use? Manual or Electric

Do you use a walking aid? Yes/No

Must you be accompanied when you travel? Yes/No

Can you travel in a car Yes/No

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

Please tick the reason most associated with your transport need.

Education

Recreation

Religion

Medical

Social Welfare

Other

DECLARATION:

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

Name:

Signature:

Date:

General Data Protection Regulations.

East Hull Community Transport (EHCT) is strongly committed to protecting the privacy of personal data that we maintain about EHCT clients. EHCT will never sell or disclose your personal data to any outside agency. Your information will only be used to facilitate your transport requirements.

EHCT would like to verify that you are happy for EHCT (charity) to hold your personal information.

Please tick one of the choices below.

YES, I Confirm

I Do Not Consent

You have the right to withdraw your consent at any time.

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**