



Dial-A-Ride Membership Application Form

If you need assistance completing this form, please contact us. We are always happy to help.

Name:.....

Address:.....

.....

Postcode:.....Date of Birth:.....

Tel No:.....Email:.....

Emergency Contact Name:.....Tel No:.....

Reason(s) for using our Service – please tick all that apply

I need to use a mobility aid e.g. walking stick, walking frame	<input type="checkbox"/>
I find it difficult to climb steps	<input type="checkbox"/>
I find it difficult to stand for any period of time	<input type="checkbox"/>
I am registered partially sighted or blind	<input type="checkbox"/>
I need to use a wheelchair	<input type="checkbox"/>
I find walking difficult	<input type="checkbox"/>
I find communicating difficult e.g. poor hearing	<input type="checkbox"/>
I can only travel for a limited amount of time on a vehicle	<input type="checkbox"/>
Are there any other reasons why you find it difficult to use public transport?	

I would like to become a member of Bristol Community Transport’s Dial-A-Ride service and enclose the annual fee of £5.00 (please make cheques payable to Bristol Community Transport)

If you would prefer to pay via debit / credit card or via bank transfer, please contact the office on 0845 130 1875.

Wheelchair and Mobility Aid Information

1. Do you need to use a wheelchair or scooter when travelling on our vehicles?

Yes / No *If Yes, please tick below:*

Scooter Electric Wheelchair Manual Wheelchair

Make and Model No.....

2. If you use a wheelchair, can you transfer to a seat on the vehicle?

Yes / No *Please note all scooter passengers must transfer to a seat on our vehicles*

3. Do you use a walking or other aid when travelling on our vehicles?

Walking Frame e.g. Rollator Zimmer Frame

Shopping Trolley Oxygen

4. Will you always need to take a companion with you when you travel on our vehicles to provide support e.g. a carer?

Yes / No *We may ask you to travel with a companion if your support needs are more than our Driver can provide to ensure your needs are met*

5. Do you have a bus pass? Please state the number and expiry date below:

Bus Pass No:.....Expiry Date.....

6. Is there anything else we need to know to ensure you are transported safely and comfortably? *Please include a covering letter to provide any further information*

7. How did you hear about our service?.....

I confirm that the above details are correct and that I find it difficult or impossible to use public transport. I understand that Bristol Community Transport reserves the right to ask for further information in support of my application and/or the right to refuse an application.

Signed:

Date: