



Southampton Dial-a-Ride

REGISTRATION FORM

If you would like to register to use Southampton Dial-a-Ride, please complete this form and return it to us at SCA Transport, Amplevine House, Dukes Road, Southampton, SO14 0ST.

Title: _____ First Name: _____ Surname: _____

Address: _____
Postcode: _____

Telephone No: _____ Mobile No: _____

Email: _____ Date of Birth: _____

The Dial-a-Ride service is specifically designed for use by people who are unable to use existing public transport. Please confirm below your reasons for being unable to use public transport.

My disability is:

-
- | | | |
|---|------------------------------|-----------------------------|
| Are you a manual wheelchair user? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a powerchair user? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you transfer from your wheelchair to a fixed seat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have your own mobility vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you unable to use public transport for medical reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your carer have to travel with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a sight impairment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a hearing impairment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a walking frame? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a walking stick? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

By signing this form below you confirm that you are not able to use existing public transport due to a disability (please note that in some circumstances we may request a signed letter from your doctor to confirm your eligibility for the Dial a Ride service).

Signed:

Date:

Please turn over and complete the reverse

T-DAR001/C:\Users\User\Downloads\Dial-a-Ride-Revised-Membership-Application-Form-2015.doc

Owner: Transport Issue Number 05 Issued November 2012

In emergency please contact:

Name: Tel No:

Mobile No: Relationship:

Address:

Doctor Name: Tel No:

Surgery Name:

SCA is committed to ensuring equal opportunities for all prospective employees, current employees, volunteers, selfemployed contractors and customers. To ensure that we achieve this and do not discriminate, please give details of the following. All questions are optional; if you do not wish to give a particular piece of information please cross through the section:

ETHNIC BACKGROUND (please tick one box):

White:

British Irish Other (please state)

Mixed:

White & Caribbean White & Black African White & Asian

Other (please state)

Asian or Asian British:

Indian Pakistani Bangladeshi Other (please state)

Black or Black British:

Caribbean African Other (please state)

Chinese or other ethnic group: Chinese Other (please state)

.....

NATIONALITY (please tick one box):

British Irish Other European (please state)

Other (please state)

GENDER (please tick one box):

Female Male Other

RELIGION OR BELIEF:

Would you like to register a religion or belief? Yes / No (if yes please state).....

DISABILITY:

Do you consider yourself to have a disability? Yes / No (if yes please tick relevant box below)

Physical Learning Sensory

MARITAL STATUS (please tick one box):

Single Married Civil P'ship Divorced Separated Widowed

I give my consent that any information given may be stored as computerised or manual data. This data may be used for the purposes of monitoring the makeup of our customer base and may be seen by senior managers or officers of the company involved in the monitoring of such data.

SIGNED:..... DATE:.....