



Tandridge Dial-a-Ride & Westway Centre Transport Registration Form

Please complete all questions on the questionnaire. In case of difficulty with any question, please telephone for assistance on **01883 701270**

Please tick all appropriate boxes

| | | | | | | | | | | | |
|--|----|--|-----|--|------|--------|----|-----|-----------------------|----|--|
| Title | Mr | | Mrs | | Miss | | Ms | | Other, please specify | | |
| Surname: | | | | | | | | | | | |
| First names: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Postcode: | | | | | | Email: | | | | | |
| Telephone No.: | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | |
| <p>I confirm that I require this transport service because (please tick both):</p> <p>a) I do not have my own transport <input type="checkbox"/></p> <p>AND</p> <p>b) Either I live more than 500 metres (546 yards) from the nearest bus service, I have great difficulty getting to the nearest bus service or I have great difficulty using public transport <input type="checkbox"/></p> | | | | | | | | | | | |
| Do you use a shopping trolley, stick or other equipment? If Yes, please give full details: | | | | | | | | Yes | | No | |
| | | | | | | | | | | | |
| Do you have a guide dog? | | | | | | | | Yes | | No | |
| Essential escort required to travel? | | | | | | | | Yes | | No | |

P.T.O

| For office use only | | | | |
|----------------------|--|------------------|--|-------------------|
| Date of registration | | Payment received | | Next renewal date |
| | | | | |

| | | | | | | | | |
|---|-----|----|----------------|-----|----|----------|-----|----|
| Do you use a wheelchair? | | | | Yes | | No | | |
| If yes, can you transfer to a seat on your own? | | | | Yes | | No | | |
| If a wheelchair user, tick the boxes which best describe the wheelchair you will use when travelling on Buses 4U: | | | | | | | | |
| Electric | Yes | No | Large | Yes | No | Small | Yes | No |
| Extended footrest | Yes | No | Scooter | Yes | No | Standard | Yes | No |
| Please indicate a person we may contact in an emergency: | | | | | | | | |
| Contact name: | | | | | | | | |
| Relationship: e.g. Neighbour, Friend, Relative, Warden. | | | | | | | | |
| Contact telephone number: | | | | | | | | |
| Contact address: | | | | | | | | |
| Please give any information about where you live which may be helpful to the driver (e.g. I live on the 10 th floor) | | | | | | | | |
| | | | | | | | | |
| The above information is correct to the best of my knowledge. I enclose a cheque or postal order for £25.00 made payable to 'East Surrey Rural Transport Partnership', to cover my membership for one year. | | | | | | | | |
| Date: | | | Signed: | | | | | |
| Thank you for completing this form | | | | | | | | |
| If you are a taxpayer, you may Gift Aid your membership fee, which means we can reclaim the tax to help support this service. If applicable, please complete and return the separate Gift Aid form. Thank you. | | | | | | | | |
| Please return to: | | | | | | | | |
| East Surrey Rural Transport Partnership Tandridge District Council 8 Station Road East Oxted Surrey RH8 0BT | | | | | | | | |

Form revised 17 March 2021