

## APPLICATION FOR REGISTRATION

# COMMUNITY TRANSPORT WALSALL

The Old Dairy, Pelsall Lane, Little Bloxwich, Walsall, WS3 3DH

Please complete all sections left blank, see separate documentation for Booking Terms and Conditions



### SECTION ONE

### ABOUT YOU

Name	<input type="text"/>	Transport Requirements	
Address	<input type="text"/>	Vehicle Seat	<input type="checkbox"/>
	<input type="text"/>	Wheelchair User	
	<input type="text"/>	Remain seated in chair	<input type="checkbox"/>
Post Code	<input type="text"/>	Transfer to Vehicle Seat	<input type="checkbox"/>
	<input type="text"/>	Days of Travel	<input type="text"/>
Phone No.	<input type="text"/>	Commencement Date	<input type="text"/>
E-mail Address	<input type="text"/>		

### SECTION TWO

### TRANSPORT REQUIREMENTS

#### INWARD

Pick up Address	<input type="text"/>
Time	<input type="text"/>
Destination	<input type="text"/>
Time	<input type="text"/>
Mileage	<input type="text"/> miles
Cost	<input type="text"/> per journey

#### OUTWARD

Pick up Address	<input type="text"/>
Time	<input type="text"/>
Destination	<input type="text"/>
Time	<input type="text"/>
Mileage	<input type="text"/> miles
Cost	<input type="text"/> per journey

### SECTION THREE

### CONFIRMING YOUR ELIGIBILITY

Your answers to this section will in most instances enable us to determine whether you are eligible to access Community Transport. If we are unsure we shall contact you to seek additional clarification or information.

Have you been assessed as being eligible for care and support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in receipt of a mobility related benefit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### SECTION FOUR

### CONTACT DETAILS

This section enables you to identify who is your principle contact - they will receive all correspondence from this organisation including invoices and booking confirmations.

Name of Main Contact Person	<input type="text"/>
Address of Main Contact ( including postcode )	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### SECTION FIVE

### DECLARATION

I declare that I am authorised to complete this form on behalf of the applicant and that the information contained therein is to the best of my knowledge and belief correct, and complete in every detail and that no information has been withheld that might influence the consideration of this application

Signature	<input type="text"/>	Date	<input type="text"/>
Relationship to Applicant ( if applicable )	<input type="text"/>		

There is no fee for registering to make use of Community Transport but acceptance is at the discretion of Community Transport Walsall