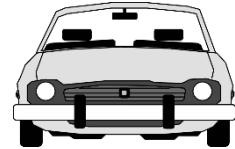


SWINDON DIAL A RIDE



VOLUNTEER CAR SERVICE - PASSENGER REGISTRATION FORM

Name (Mr/Mrs/Miss/Ms)

Address

Post code..... Phone number.....

Email..... Date of Birth

What is the nature of your disability?.....

.....

Are you able to use public transport? YES NO

Are you able to travel on your own? YES NO
(you can bring a companion if you need to)

If you will need help from the driver, can you please explain what help you think you need?

.....

Can you get into an ordinary car? YES/NO

Do you need to take a wheelchair or scooter with you? YES/NO

Do you need to travel in the front seat? YES/NO

Do you have a Blue Badge? YES/NO
(if no, you will be expected to cover the cost of parking where required)

Do you use any walking aids? please give details

.....

EMERGENCY INFORMATION:

Local emergency contact :.....
(name and relationship)

Tel No:.....

PLEASE RETURN THIS COMPLETED FORM TO:
Swindon Dial A Ride, Newcombe Drive, Hawksworth Trading Estate, Swindon.SN2 1DZ.