

# SWINDON DIAL A RIDE

## REGISTRATION FORM

CATSS No.

Title (Mr/Mrs/Miss/Ms)		Emergency Contact details <i>(full name and their relationship you)</i>	
Name		Emergency Contact phone number	
Postal Address		Briefly explain the nature of your disability <i>(e.g. Walking difficulties, Visual impairment)</i>	
Postcode			
Your phone number			
Date of Birth		Are you able to use existing public transport services such as Thamesdown buses?	YES/NO
Email Address			
		<b>Circle an option below</b>	<b>Circle an option below</b>
Are you a wheelchair user?	YES/NO	Do you use any walking aids?	YES/NO
If you use a wheelchair, will you use it when you travel with us?	YES/NO		Sticks/Zimmer/Frame/Other
If yes, is it manual or electric?	Manual/Electric		
If yes, do you prefer to travel in your wheelchair or transfer to a bus seat?	Wheelchair/Bus Seat	Do you use a scooter? <b><i>(scooters can only be transported on the Dial A Ride Car Service)</i></b>	YES/NO
<b><i>If you are a wheelchair or scooter user and intend to travel with it on our vehicles, we will need to undertake a risk assessment before your first journey. We will phone you to arrange this.</i></b>			
If you don't use a wheelchair or scooter, would you be able to walk steadily from your front door to our vehicle without assistance?	YES/NO <b>More details:</b>	Are you able to travel on your own? <i>(you can bring a companion if you need to)</i>	YES/NO <b>More details:</b>