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**For Dial-A-Ride Services please call: 01243 210803**

Welcome to Chichester Dial-A-Ride. Thank you for joining our community transport service. Overleaf is a form that needs to be completed for us to process your membership.

**No membership fee** **is required**, however, as a registered charity a donation is always gratefully received with thanks. If you wish to make a voluntary donation, you may do so using the form below. A one-off donation is lovely, but if you wish to make a small regular donation (perhaps £2 a month) you can fill out and return the standing order form. Of course, if you wish to make a larger donation that would be wonderful.

To make a ***one-off donation****,* please make a cheque out to Community Transport Sussex and return it to our address (See below Head Office address).

To make a **r*egular donation****,* please fill in the standing order form below and send it directly to your bank.

If you want to make either kind of donation, please also fill out the **Gift Aid** slip enclosed

Standing Order Form

To The Manager (Your Branch Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***I hereby authorise and request you to debit my account***  Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number Sort Code The Amount Of   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | - |  |  | - |  |  |  | £ |  |  | **Monthly** |   ***And Credit:***  ***Community Transport Sussex - Account no: 00029230 – Sort Code: 40-52-40*** |

Name (Block Capitals) Date Signed

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please also complete the **Gift Aid** slip enclosed. Thank you for your generosity

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**Registration Form**

***Starred (\*) Fields are mandatory to fill in***

\*Title:

\*Name:

\*Address

\*Post Code:

\*Do you live alone? (Circle the appropriate) Yes / No / Prefer not to say

\*Home Phone:

Mobile:

Email Address:

\*Gender:

\*Date Of Birth / /

\*Emergency Contact Name & Relation

\*Home Phone: \*Mobile

2nd Emergency Contact Name & Relation

\* Home Phone: \*Mobile

**What is the main reason for your application?** (Please circle)

Age Area/ Rural Disability Universal Credit Registered Disabled

Other (please specify) :

**Where did you hear about us?**

**What is the main reason for using the service?** Eg. Medical Appointments, Leisure, Shopping

**Additional Information** If you are willing, we would be grateful if you could provide us with additional information. This can help us with grant funding, enable us to provide services to those who need it most & establish equality for all. This section is not mandatory but very helpful.

Please tick the appropriate boxes.

|  |  |
| --- | --- |
| **Living Arrangements** |  |
| Living Alone |  |
| Living With Partner / Spouse |  |
| Living With Family |  |
| Living With Friend / Lodger |  |
| Living With Support / Carer / Assisted Living |  |
| Do Not Wish To Say |  |
| Other (Please Specify Below) |  |
|  |  |
|  |  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | White & Asian |  |
| White Irish |  | Arab |  |
| White Gypsy / Irish Traveller |  | Bangladeshi |  |
| Any Other White Background |  | Chinese |  |
| White & Black African |  | Indian |  |
| White & Black Caribbean |  | Pakistani |  |
| African |  | Any Other Asian Background |  |
| Caribbean |  | Any Other Mixed Background |  |
| Any Other Black Background |  | Any Other Ethnic Group |  |

**Do you receive care or support?** (Eg. From family or care provider and how often)

**Are you a carer or support another person?** (Please Circle) Yes No

**Disabilities** – So that we can make sure we have the best support in place for you and that you can travel comfortably, please tick any of the applicable/current disabilities.

It is not mandatory that you complete this section.

* Downs Syndrome
* Mental Health / Anxiety / Phobia
* Mobility
* Respiratory Issues
* Speech Difficulties
* Visually Impaired
* Other :
* Alzheimer’s / Dementia
* Cancer
* Epilepsy
* Hearing Difficulties
* Heart Condition
* Hemiplegia / Stroke
* Learning Difficulties

**Any Other Information We Should Know?**

Eg. Medical issues, Access To Property Instructions, Additional Travel Requirements

**\*Mobility Aids,** please select the aids you will be traveling with – THIS SECTION IS MANDATORY\*

* Frame / Rollator
* Scooter
* Shopping Trolley
* Walking Stick
* Crutches
* Escort / Carer / Assistant

**\*Wheelchair Users** (Please Circle One) – THIS SECTION IS MANDATORY IF YOU USE A CHAIR\*

**What type of chair do you use?**

Electric Wheelchair Manual Wheelchair

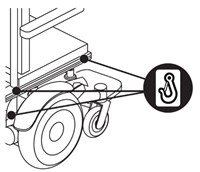
**Do you wish to travel in your chair or transfer to a seat?**

Travel In Wheelchair Transfer to bus seat

***If you wish to travel in your wheelchair, we must check that your chair is crash tested. To check this, we need to know the make and model of your wheelchair.***

**Make & Model of your wheelchair** (Eg. Lomax Unit 9 Transit Wheelchair)

Make: Model:

**Does your chair have clamp points with the sticker shown**

Yes No

**PLEASE NOTE**

**If you use a wheelchair, it is possible for you to remain in the chair if you are unable to transfer to a seat however the wheelchair must have been Crash Tested by the manufacturer. If you use an electric scooter, you will need to be able to transfer to a bus seat once you have boarded the vehicle. The scooter can be transported with you to your destination.**

**If you are unsure if your chair has been crash tested, if you have a sticker with an ISO number (eg. ISO 7176-19) on your chair then it has been!**

**Journey payment:**

We have three ways to pay for your convenience. Please circle which option you would prefer:

* **Cash Payment On The Day Of Travel**
* **Card Payment (Contactless or Chip & Pin) On The Day Of Travel – Preferable**
* **Invoiced Monthly**

If you wish to be invoiced fill in the details below or call **01243 210803**

Name of payee:

Email:

Contact Number:

**SEND TO**

Chichester Dial – A - Ride

Terry’s Place

Madgwick Ln,

Chichester

PO18 0FB

**Or email to:**

chichesterenquires@ctsussex.org.uk

\* I confirm that I have read & understood the information contained in this letter and that all information given by me is true and correct.

In this pack, you are being asked to submit personal information about yourself (e.g. name and e-mail address) in order to receive or use our services. These include all the services available to members of CT Sussex (Chichester Dial – A – Ride). By entering your details in the fields requested; you enable CT Sussex to provide you with the services available to members. Any personal information you provide to us will only be used by us, our agents, and service providers, and will not be disclosed unless we are obliged or permitted by law to do so.

If not signed by the passenger, please note name & relation

Signed Date

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