A picture containing logo

Description automatically generated****

Welcome to Horsham District Community Transport. 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.

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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

**Please return this form to your own bank so that they may set up your standing order. Standing Orders have to be processed by the individuals own bank and not the receiver of the donation. Many thanks.**

A picture containing logo

Description automatically generated**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing** |  | **Employment** |  |
| Home Owner |  | Employed Full Time |  |
| Council Rented |  | Employed Part Time |  |
| Private Rented |  | Retired |  |
| Homeless |  | Unpaid / Voluntary |  |
| Assisted Living / Care Home |  | Unemployed |  |
| Other (Please Specify Below) |  | Unable To Work |  |
|  |  | Student |  |
|  |  | Full-Time Parent |  |

**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 |  |

**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\*

**Wheelchair Users**

Can you transfer?

Do you wish to travel within your W/C

Yes No

\*If yes, please note the Make & Model below.

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

**PLEASE NOTE**

**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 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.**

**Journey payment:** Cash on the day of travel

However, if you wish to be invoiced call **01403 754206** or fill in the details below:

Name of payee:

Email:

Contact Number:

**SEND TO**

Horsham District Community Transport

Dukes Square

Horsham

RH12 1GZ

**Or email to:**

horsham@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 (Horsham District Community Transport). 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