



Fenland Association for Community Transport

Dial-A-Ride/Dial-A-Car Registration Form

All the information you give us is confidential

Our permit 19 licence requires all users to become members either individually and or as a group. To become an individual member, you must not have access to your own car during the day and can say YES to at least ONE of the following:-

- There is no public transport available.
- Although public transport is available, it does not run at times suitable to you.
- You have difficulty using public transport due to disability or frailty.

Name

Address

.....

.....

Postcode Date of Birth

Phone No Mobile No

Email address

Emergency Contact

Name

Relationship to you

Phone no

Registered GP Surgery

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Any mobility issues? (please provide details)

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Wheelchair User (Manual) Wheelchair User (Electric)

PTO

Would you have any of the following when travelling? (tick all that apply)

| | |
|------------------|--------------------------|
| Shopping trolley | <input type="checkbox"/> |
| Walking aid | <input type="checkbox"/> |
| Walking Frame | <input type="checkbox"/> |
| Mobility scooter | <input type="checkbox"/> |
| Guide dog | <input type="checkbox"/> |

PLEASE REMEMBER TO INFORM OFFICE STAFF WHEN BOOKING IF YOU ARE TAKING ANY OF THESE WITH YOU

Do you have a Cambridgeshire County Council Bus Pass?

Yes (Please Supply Details) No

Bus Pass Number Bus Pass Expiry Date

Any other information that you feel is relevant

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What is the main reason that you need to use this service? (tick all that apply)

| | |
|--|--------------------------|
| The local bus timetable does not meet my needs | <input type="checkbox"/> |
| I live too far from the bus stop | <input type="checkbox"/> |
| I find the local buses physically too difficult to use | <input type="checkbox"/> |
| No bus service available | <input type="checkbox"/> |
| I am disabled and cannot use the public bus service | <input type="checkbox"/> |
| Other reason (Please state below) | <input type="checkbox"/> |

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This information will be held securely and will be accessed by employees of FACT for services you require. Your information will not be shared with any third parties and you have the right to request a copy of the information that we hold on you.

Please tick box to confirm you have read the above statement and agree

I declare that the information provided is correct and that I will inform FACT if there are any changes to my information.

Signed: **Dated:**

**Please return completed form together with annual membership fee of £10.00 made payable to FACT to:
FACT, 5 Martin Avenue, March, Cambridgeshire, PE15 0AY**

A membership number will be sent to you once your membership has been approved, this can take up to 14 days.