



APPLICATION TO REGISTER WITH EPPING FOREST COMMUNITY TRANSPORT

THE BOOKING LINE IS OPEN WEEKDAYS 9.30-12.30 Tel: 01992 579556

CUSTOMER PERSONAL DETAILS

Title:	First Name:	Last Name:
Address:		
		Post Code:
Date of Birth:	Marital Status:	
Home Tel:	Mobile:	
E-mail address:		

General Data Protection Regulations [GDPR]

In May 2018 new legislation is coming into effect that means all organisations will need updated consent from all members to enable our continued correspondence with you in the future.

I consent to GDPR and agree with the stay in touch scheme.

Signed: _____ **Date:** _____

We will never share, swap or sell personal details. If in the future you change our mind and would like to receive additional information or reduce communications you can do so by telephoning the office or by email to efct@efcommunitytransport.org.uk.

EMERGENCY CONTACT DETAILS

Emergency Contact Name:	
Relationship to you:	Home Tel:
Mobile:	Work Tel:
Carer's Name:	Tel:
Your GP's Name:	Tel:

CRITERIA/CAPABILITIES

Eligibility/Reason for use:

Do you have a mobility/disability problem?

Yes/No

If 'Yes', please tick the appropriate box below:

Alzheimer's	Learning Difficulties	
Amputee	Mental Health	
Arthritis	Motor Neurone Disease	
Blind/Partially sighted	Terminal Illness	
Deaf/Hard hearing	Multiple Sclerosis	
Epilepsy	Muscular Dystrophy	
Frail/elderly	Respiratory Condition	
Heart Condition	Parkinson's Disease	
Hip/ Knee Replacement	Key Safe	
Other/information for Driver		

Please tick where applicable:

Does the above exclude you from accessing public transport?

Yes/No

Do you have difficulties travelling in a car?

Are you a holder of a Blue Badge?

Are you a wheelchair user?

Wheelchair user? (Indicate if MANUAL/ ELECTRIC)

Extended Wheelchair?

Electric Wheelchair?

Transfer from a wheelchair user?

Passenger ramp/lift required?

If yes, please note that a risk assessment must be undertaken before any journeys can be booked.

Do you have to travel with your escort?

If you wish to travel with another person they must be registered by meeting the set criteria or as a passenger escort for yourself.

I confirm that I do/no longer drive a vehicle.

Walking stick: Rollator: Crutches: Zimmer frame: Trolley: Guide Dog:

How did you hear about us? _____

I accept and agree to all EFCT policy terms and conditions.

Your Signature: _____ Date: _____

ANNUAL MEMBERSHIP £12.00

PLEASE MAKE CHEQUES PAYABLE TO: EPPING FOREST COMMUNITY TRANSPORT