

Goole & District Community Transport Membership Form

Charity No. 1102014

Your Name:

Address.....
.....
.....

Post code.....

Home telephone no.....

Mobile no.....

Email address.....

Why do you need to use our services? (Please tick all that apply)

- I am Registered Disabled.
- I have mobility problems and cannot walk for more than 80 yards or wait for a bus for more than 5 minutes.
- Travelling as a necessary companion to such a person.
- It is difficult to access public transport.
- I live in a rural area with no convenient public transport to the destination required.
- Not own a car or have frequent and convenient access to one.

Wheelchair users

Do you travel in your wheelchair?Y/N

If Yes the office will contact you for further details of your wheelchair to ensure it is suitable to be used on our vehicles

Do you have any medical conditions that we need to be aware of so that we can assist you and cater for your needs in case of an emergency? If so, please give details below

Please supply contact details of someone we should contact on your behalf in an emergency.

Name:.....

Telephone Number:.....

Relationship with emergency contact:.....

In signing this application, I confirm that:

All the information I have supplied is accurate, **please tick to give your consent** on how we will use your data.

I consent to receive information regarding Goole & District Community Transport Services, Newsletters, Information sheets and questionnaires/Surveys.

Our Privacy Notice can be viewed online at www.goolegofar.org.uk

Signed: Date:.....

Please return to Goole GoFar. 51 Carlisle Street, Goole, DN14 5DS

(To withdraw consent at any time to any of the above please let us know in writing)