

Emergency Contact Details

Please give details of someone we can contact on your behalf in an emergency.

Name.....Relationship (e.g. son).....

Address.....

Post CodeTelephone Number.....

Regular destinations

Please give the name and address of two locations, which you will visit the most often. This will help speed up the booking process. Examples may include a friends house or a bingo hall.

Name.....

Address.....

.....

Name.....

Address.....

.....

Please return completed forms to:

Doncaster Community Transport
Leger House, Brooke Street
Doncaster
DN1 2SW

We will send you your registration number as soon as possible

Doncaster Community Transport Registration Form

If you need help completing this form please contact us on: 01302 342400

Surname Mr/Mrs/Miss.....

Forename.....

Address.....

.....

Postcode

Tel Number

Mobile No

Email

Date of Birth

Our services are funded through the South Yorkshire Passenger Transport Executive. You can use them if you find it difficult or impossible to use other public transport. Please complete this registration form in full so we can ensure our services meet your needs. We may contact you if we need more details in order to confirm your eligibility.

Reasons for registration

- | | |
|---|---|
| <input type="checkbox"/> I need to use a walking aid e.g. Walking stick | <input type="checkbox"/> I need to use a wheelchair |
| <input type="checkbox"/> I find it difficult to climb steps | <input type="checkbox"/> I find walking difficult |
| <input type="checkbox"/> I find it difficult to stand for any period | <input type="checkbox"/> I have a learning difficulty |
| <input type="checkbox"/> I am registered partially sighted or blind | <input type="checkbox"/> I have a speech difficulty |
| <input type="checkbox"/> I receive Disability living allowance | <input type="checkbox"/> I have a hearing difficulty |
| <input type="checkbox"/> I receive war pensioner's Mobility supplement | <input type="checkbox"/> I receive attendance allowance |

Are there any other reasons why you find it difficult or impossible to use public transport

Declaration

I confirm that the above details, in support of my registration, are correct and that I find it difficult or impossible to use public transport.

I understand that Doncaster Community Transport reserves the rights to seek independent medical advice to confirm my eligibility.

I will inform Sheffield Community Transport of any change in my circumstances which may effect my eligibility to use the services.

I, consent to the information about me, held by Doncaster Community Transport being made available to the South Yorkshire Passenger Transport Executive as funder of these services and its authorised agents.

Signed..... Date

Registration Details

1. If using a wheelchair please tick which type you will be using when travelling on our services

Electric Manual

2. If you do use a wheelchair can you transfer to a bus seat?
YES / NO

3. Do you use a scooter? YES / NO
If YES please state the make.....and model.....

4. If you use a walking aid please tick which type(s):

Walking frame Crutches
 Zimmer frame Other (please specify)

5. Are you registered partially sighted? YES /NO
If YES do you have a guide dog? YES / NO

6. Can you travel in a car? YES / NO

7. Do you have any hearing or speech difficulties? YES / NO
If YES what are they?.....

8. Will you need help getting from your door to the vehicle?
YES / NO

9. Is there anything else we need to know to ensure you are transported safely and comfortably?.....

In order to improve our understanding of our passengers and their needs, we would be grateful if you could complete these two additional questions:

How did you hear about Doncaster Community Transport?

(please select only 1)

	Doctor
	Hospital
	Occupational Therapist
	Publicity (leaflet, advert, etc)
	Seen the buses
	Social Services
	Word of mouth (friend, relative, etc)

Your ethnicity

(please select only 1)

	Asian
	Black African
	Black British
	Black Caribbean
	Black Other
	Chinese
	Dual Heritage
	White British
	White Irish
	White Other

Thank you for your help. Please return this sheet with your registration form.

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