

BASSETLAW COMMUNITY TRANSPORT



Bassetlaw

ACTION

Centre



PASSENGER REGISTRATION FORM FOR COMMUNITY CAR SCHEME PLUS

Mr Mrs
Miss Ms

First Name(s):

Surname:

Full Address:

Postcode:

Is your property easy to find? If not please provide basic directions:

Date of birth:

Email:

Telephone:

Mobile:

HEALTH/MEDICAL INFORMATION: Please tick all the boxes relevant to you below

Dementia	<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Use Oxygen	<input type="checkbox"/>
Use a walking stick	<input type="checkbox"/>	Use a walking frame	<input type="checkbox"/>	Use a wheelchair	<input type="checkbox"/>
Please select type if applicable:		3 Wheeled folding frame	<input type="checkbox"/>	Manual wheelchair	<input type="checkbox"/>
		4 Wheeled folding frame	<input type="checkbox"/>	Electric Wheelchair	<input type="checkbox"/>
		Other	<input type="checkbox"/>	Occasional use only	<input type="checkbox"/>

Please specify any other health issues below:

EMERGENCY CONTACT DETAILS

Full name:

Their relationship to you:

Daytime telephone number:

Alternative contact number:

WHERE DID YOU HEAR ABOUT US?

Website Newspaper/Magazine Please state which one:
Leaflet Do you know where you picked the leaflet up from?
Other Please specify:

Do you own a car? Yes No

If Yes please explain why you need to use the community car scheme:

MEMBERSHIP

ANNUAL	£20	PAID BY:	CHEQUE <input type="checkbox"/>	CASH <input type="checkbox"/>	CARD <input type="checkbox"/>
MONTHLY	£5	PAID BY:	CHEQUE <input type="checkbox"/>	CASH <input type="checkbox"/>	CARD <input type="checkbox"/>

CARERS ONLY NO FEE **CARER FOR: :**

OFFICE USE: PAYMENT RECEIVED BY: _____ DATE: _____

N.B. Where payment is due you can pay over the phone (01777 709650), send a cheque payable to **Bassetlaw Action Centre** or call into the office. Please **DO NOT** send cash in the post.

Any other information:

DATA PROTECTION DECLARATION

This form is designed to help you access the advice and services that you need. Your consent is needed to contact any agencies identified to meet your needs and share your information with them. Under the terms of the GDPR (General Data Protection Regulations 2018), we must obtain your permission to do this and record your information for electronic recording systems. You have the right to access your information and withdraw your consent at any given time; when your information will be deleted unless required for legal purposes.

Information provided on this form will be held securely on the Bassetlaw Action Centre Server and secure cloud based storage facilities within the EU.

- I give my consent for Bassetlaw Action Centre to hold my data for the purposes of providing the (Insert project name) service.
- I agree to referrals being made to the partner agencies involved with Bassetlaw Action Centre on my behalf and agree to you keeping my details on your systems and passing on any relevant outcomes to those partner agencies.
- I give my consent for Bassetlaw Action Centre to contact any agencies identified to meet my needs and share my information with them.
- I give my consent for Bassetlaw Action Centre to send me details of any other projects and services which may be of use to me.

I give consent for Bassetlaw Action Centre to contact me by:
 Telephone Yes No Post Yes No Email Yes No

Note: If you do not tick (check) any boxes and tell us how you are happy to be contacted, we will no longer be able to contact you.

SIGNED: _____ DATE: _____

OFFICE USE ONLY: FORMS COMPLETED OVER THE PHONE

GDPR consent given verbally	<input type="checkbox"/>	Date given	Verbal consent recorded by
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MONITORING INFORMATION This information is requested by our funders

Please tick here if you prefer not to answer these questions

GENDER: Male Female Transgender Other/Prefer not to say

SEXUALITY: Bisexual Gay man Heterosexual Lesbian woman Not Disclosed

ARE YOU A CARER? YES NO

ETHNICITY:

RELIGION:

Do you consider yourself disabled? YES NO

OFFICE USE ONLY: DATABASE

USER NO		RENEWAL DATE	
FULL MEMBER	<input type="checkbox"/>	MONTHLY MEMBER	<input type="checkbox"/>
CARER	<input type="checkbox"/>		
ENTERED BY		DATE	