|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PASSENGER REGISTRATION FORM FOR COMMUNITY CAR SCHEME** | | | | | | | | | | | | | | | | | |
| 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: | | | | |
| **Main reason for joining the scheme:** | | | | | | | | | | | | | | | | | |
| **HEALTH/MEDICAL INFORMATION:** Please tick all the boxes relevant to you below | | | | | | | | | | | | | | | | | |
| Dementia | | | | |  | Alzheimer’s | | | | |  | Diabetic | | | | |  |
| Epileptic | | | | |  | Visually impaired | | | | |  | Hearing impaired | | | | |  |
| Learning difficulties | | | | |  | Smoker | | | | |  | Use Oxygen | | | | |  |
| Use a walking stick | | | | |  | **Use a walking frame** | | | | |  | **Use a wheelchair** | | | | |  |
| Please select type if applicable: | | | | | | 3 Wheeled folding frame  4 Wheeled folding frame  Other | | | | |  | Manual wheelchair  Electric Wheelchair  Occasional use only | | | | |  |
| 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: | | | BACS | |  | CASH | | | |  | CARD |  | |
| **MONTHLY** | **£5** | | | PAID BY: | | | BACS | |  | CASH | | | |  | CARD |  | |
| **CARERS ONLY** | **NO FEE** | | | | | | **CARER FOR:** | | | | | | | | | | |
| **OFFICE USE:** | PAYMENT RECEIVED BY:       DATE: | | | | | | | | | | | | | | | | |
| |  | | --- | | **Bassetlaw Action Centre** | | Bank: Unity Trust Bank Plc | | Sort Code: 60 83 01 | | Account No: 54001929 |   **N.B**. Where payment is due you can pay by credit or debit card over the phone (01777 709650) or by Bacs transfer. Please use your name as the reference when paying by Bacs transfer. Please **DO NOT** send cash in the post. | | | | | | | | | | | | | | | | | |
| **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 Bassetlaw Community Car Scheme 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: | | | | | | | | | | | | | | | | | |
| VERBAL CONSENT | | | DATE GIVEN: | | | | | RECORDED BY: | | | | | | | | | |
| **Demographics Monitoring** | | | | | | | | | | | | | | | | | |
| **Gender identity:** Male Female Trans Male Trans Female Non Binary Self describe Prefer not to say | | | | | | | | | | | | | | | | | |
| **Sexuality:** Heterosexual  Gay  Lesbian/Gay Female  Bisexual  Other  Self describe Prefer not to say | | | | | | | | | | | | | | | | | |
| **Ethnicity:** Prefer not to say  British Irish  Eastern European  White & Black Caribbean  White & Black African  White & Asian  Other mixed Background  Indian  Pakistani  Bangladeshi  Any other Asian  Caribbean  African Any other Black background | | | | | | | | | | | | | | | | | |
| **Religious belief:** Christian  Catholic  Muslim  Buddhist  Hindu  Jewish  Sikh  Prefer not to say  Other  Not known | | | | | | | | | | | | | | | | | |
| **Heath:** Learning disability  Physical disability  Mental health issue  Long term illnesses Prefer not to say | | | | | | | | | | | | | | | | | |
| **Employment/ Education/ Training:** Employed  Unemployed  In receipt of sickness pay  Voluntary work  Full Time education  Part Time education  Retired  Not known | | | | | | | | | | | | | | | | | |
| **Children and Young People up to 25's ONLY**  Education, Health and Care Plan (EHCP) in place  Accessing SEN support in their education setting  Looked After Children  Care leavers | | | | | | | | | | | | | | | | | |
| **Are you a veteran?** YES  NO  **Are you an asylum seeker?** YES  NO  **Are you a carer?** YES  NO | | | | | | | | | | | | | | | | | |
| **Tenure:** Local Authority  Private rent  Home owner  Living with partners, carers or family members  Supported living  Live with parents | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY: DATABASE** | | | | | | | | | | | | | | | | | |
| FULL MEMBER | | | | | | | | | | | | | | | | | |
| CARER | | | | | | | | | | | | | | | | | |
| MONTHLY MEMBER | | | | | | | | | | | | | | | | | |
| ENTERED ON CTX BY: | | | | | | | | | | | | | DATE: | | | | |