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| **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 frame4 Wheeled folding frameOther | [ ] [ ] [ ]  | Manual wheelchairElectric WheelchairOccasional 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:       |
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| **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:  |