

Cheshire DIAL·A·RIDE

Membership Application Form

If you need any help in completing this form please telephone: **01270 251662**

1 Section One *Please complete the following in full:*

First Name(s):

Surname:

Address:

Postcode:

Contact Telephone Number: Date of Birth:

2 Section Two

Please answer **ALL** questions **1-6** (by ticking relevant box **Yes** or **No**).

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you in receipt of the mobility component of Disability Living allowance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you in receipt of Attendance Allowance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you in receipt of a War Pensioner Disablement Pension? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a Blue Badge holder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you registered blind? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you use a wheelchair? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Powered | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Manual | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Folding (Please indicate) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes - can you transfer from your wheelchair to a seat? | <input type="checkbox"/> | <input type="checkbox"/> |

(Please turn over the page)

3 Section Three

If you have answered **YES** to one or more of the questions in Section 2 **go to Section 4**

If you have answered **NO** to all the questions in Section 2 complete the following:

1. Give a brief description of your mobility problem explaining why it prevents you from using local bus services.

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2. Enclose with this form, a letter or referral from your **Doctor/Health Visitor/District Nurse/Social Worker** or other such practitioner providing independent evidence of your need to use the **Dial-a-Ride** service.

4 Section Four

Finally, please sign the following declaration:

I certify that the information given in this form is correct. I give my permission for any relevant checks to be made as to the validity of this information.

Signed: Date:

Please check you have answered all questions - and signed the declaration.

Please return to:
Crewe, Nantwich and Congleton Dial-A-Ride
Units 12 and 15
Brierley Business Centre
Mirion Street
Crewe CW1 2AZ
Tel: 01270 251662

