

Preston Community Transport Ltd

28 Friargate, Preston, PR12AU

01772 204667 option 2 email redrose@prestonct.org.uk

Membership Application Form

If you require assistance completing this form, please telephone the number above

Membership Details			
Name:			
Address:			
Postcode:			
Telephone No:		Email:	
Date of Birth:			
Emergency Contact Name:		Emergency Contact Relationship:	
Emergency Contact Tel No:			

Preston Community Transport Ltd operates its service under Section 19 and Section 22 permits. Our transport is available to physically or mentally disabled people, rurally isolated people, people affected by poverty, people who have a lack of available, adequate, accessible and safe public or private transport services and older people who find it difficult or cannot use public transport.

Please tick all the boxes that apply to show the reasons why you need to use the service.

Public transport is not available	<input type="checkbox"/>	I need to feel reassurance that the bus will stop when required	<input type="checkbox"/>
I have anxiety about public transport	<input type="checkbox"/>	I am affected by rural isolation	<input type="checkbox"/>
I am affected by social isolation	<input type="checkbox"/>	I need door to door service	<input type="checkbox"/>
I need additional handrails and grips	<input type="checkbox"/>	I need to use a passenger lift to access the bus	<input type="checkbox"/>
I need the floors to be level	<input type="checkbox"/>	I need low steps to board and exit from the bus	<input type="checkbox"/>
I need personal assistance	<input type="checkbox"/>	I need time to board and exit from the bus	<input type="checkbox"/>
I need wheelchair access and restraining systems for my chair and myself	<input type="checkbox"/>	Other – please	<input type="checkbox"/>

Additional Details (please circle the most appropriate answer)	
Do you use a wheelchair?	Yes / No / Sometimes
What type of wheelchair do you use?	Folding / Fixed / Powered
Do you want to transfer from your wheelchair to a seat on our vehicle	Yes / No
Do you use a scooter?	Yes / No

Do you use a mobility aid?	Walking Frame / Walking Stick / Crutches / Tri-walker / 4-wheeled walker Other.....
If shopping do you use a shopping trolley?	Yes / No
Will you be travelling with a guide dog?	Yes / No
Will you be travelling with a carer?	Yes / No
What services do you wish to use?	Dial-A-Ride / Day Trips / Community Cars / Shopmobility
Do you own or have access to a car	Yes / No
Do you consider yourself to have a Disability	Yes / No

What is your cultural and ethnic origin?

Prefer not to say

tick here

Please read the statement below.

Please note that your details will be stored on computer in accordance with the Government Data Protection Act.

Please send your annual membership fee of £10.00

Payment by cheque payable to Preston Community Transport Ltd.

Cash in the office

Credit Card in the office

Please sign and return to the address below.

Membership Application Signature..... Dated.....

Acceptance Signature on behalf of PCT:..... Dated.....

Please return by email to: redrose@prestonct.org.uk. Or post to Preston Community Transport. Preston Mobility Centre. 28 Friargate, Preston, PR1 2AU any questions call 01772 204667 option 2.