

# NAILSEA & DISTRICT COMMUNITY TRANSPORT

Units 11 & 12, Coates Industrial Estate, Southfield Road, Nailsea,

BRISTOL BS48 1JN

TEL: 01275 855552 ▪ E-MAIL: office@ndct.co.uk

## Membership registration form

### Personal details:

Title: ..... First name: ..... Last name: .....

Address: .....

Home Telephone no: .....

Mobile telephone no: .....

Email Address: .....

Date of Birth: .....

Do you consider yourself to have a disability or long term health condition? **Yes/No**

What is the nature of your disability/health condition? .....

.....

---

### Accessibility:

Is there easy parking outside your home? **Yes/No**      Is your home easy to find? **Yes/No**

If no, please give directions .....

.....

Do you need any assistance from your home to our transport? **Yes/No**

Do you use a wheelchair? **Yes/No**      If yes please specify the make and model:

.....

If you use a wheelchair – are you able to transfer to a vehicle seat if needed? **Yes/No**

Do you need to bring any equipment with you when travelling with us (e.g. shopping trolley, walking frame, foldable 3 wheeled walker, foldable 4 wheeled walker, oxygen cylinder)?

.....

Are there any other details about your travel needs you would like to share with us?

.....

.....

---

**Emergency contact details:**

Name ..... Relationship to you: .....

Telephone number: .....

Do you use a Carelink service? **Yes/No**

Are you happy for us to contact them if we are concerned about your welfare (i.e. if you didn't answer the door when we are due to collect you, or if you were taken ill whilst using community transport)? **Yes/No**

**Why do you wish to use Community Transport?**

I find it difficult or impossible to use conventional public transport **Yes/No**

I use a mobility aid such as a walking stick, frame, or wheeled walker **Yes/No**

I find it difficult to stand for any period of time **Yes/No**

I find walking difficult **Yes/No**

I need to use a wheelchair **Yes/No**

I am unable to get into a normal car **Yes/No**

I can only travel for a limited time on a vehicle **Yes/No**

I find communication difficult **Yes/No**

I have no access to a car (either my own or close family/friend) and I am unable to walk to a local bus stop **Yes/No**

Do you have a blue badge (disabled parking permit)? **Yes/No**

**Declaration:**

I wish to apply to become a member of Nailsea & District Community Transport and I agree to abide by its conditions of registration and carriage. I further confirm that NDCT may use and/or share the above information in regards to transport issues and if they have concerns for my welfare only, and that I may revoke this authority at any time in the future. I have enclosed the cost of membership which is currently £12 for 12 months.

Signed: ..... Date: .....

**Please return your completed form with a cheque for £12 to Nailsea & District Community Transport, 11/12 Coates Estate, Southfield Road, Nailsea, BS49 1JN.**

**If you would like to pay by BACS, please contact the office for details.**