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|  | **Individual MembershipApplication Form** |  |

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| **⯈** | **This form is available, on request, in a range of alternative formats.** |
| **⯈** | **Please contact us if you require any help completing this form.** |
| **⯈** | **If you are not sure if you live within one of the rural community transport operational areas, please telephone 0845 650 1190 from a landline.** |

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| **PERSONAL DETAILS** |
| **Please complete in BLOCK CAPITALS and answer all questions.Please tick the appropriate boxes, where indicated to do so.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TITLE: | MR | **🖵** | MRS | **🖵** | MISS | **🖵** | MS | **🖵** | OTHER | **🖵 \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| FORENAME: |  |
|  |
| SURNAME: |  |
|  |
| ADDRESS: |  |
|  |
|  |
|  |
| POST CODE: |  |
|  |
| DATE OF BIRTH: |  |
|  |
| TELEPHONE NO: |  |
|  |
| MOBILE NO: |  |
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| EMAIL ADDRESS: |  |

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| **ELIGIBLE MEMBERSHIP CRITERIAPLEASE ENSURE THAT BOTH OF THE FOLLOWING APPLY TO YOUThis section will confirm if you are eligible to use the Rural Transport Fund Dial-a-Lift services.** |
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| 1. | **🖵** | I live in a rural area; i.e. an area not covered by the Urban Door to Door Scheme. |
| 2. | **🖵** | I have difficulty accessing everyday services due to lack of transport. |
|  |  | **🖵** | I do not have access to a car. |
|  |  | **🖵** | I do not have access to public transport. |
|  |  |  |
|  |  | If you **do** have either access to a car or public transport but feel that you may still be eligible for membership please provide supporting information in the box below. |
|  |  |  |  |
| **Important:** |
| Please note that should the demand for Dial-a-Lift services exceed the amount of resources available, trips will be prioritised on the following basis:**To assist us please tick all statements that apply to you as an individual.** |
| **🖵** | Older person (60+) |
| **🖵** | Person with a disability |
| **🖵** | Person with no access to suitable public transport – this is considered as |
|  | ⦁ | being more than 1 mile from nearest bus stop |
|  | ⦁ | being on a route that provides **less than** two return journeys per week between the hours of 10AM to 4PM; or |
|  | ⦁ | being on a route that **only** provides services outside of the hours of 10AM to 4PM |
| **🖵** |  | Person with dependants (dependants include children under 18, older people and dependants with disabilities) |
| **🖵** |  | Other | Clarify:  |
| **If the services are still over-subscribed then other restrictions may apply.** |

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| **SMARTPASS INFORMATION** |
| 1. | SMARTPASS HOLDER? | YES | **🖵** | NO | **🖵** |
|  |
| 2. | SMARTPASS TYPE: | Senior | **🖵** | 60+ | **🖵** | Half Fare | **🖵** |
|  | War Disablement | **🖵** | Blind | **🖵** |
| 3. | SMARTPASS NUMBER: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | SMARTPASS EXPIRY DATE: |  |
|  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |
|  | **NOTE:** |  |
|  | **Please ensure that Lagan Valley Rural Transport is advised of any changes to your SmartPass details.** |  |
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| **EMERGENCY CONTACT DETAILS**Please provide details of a relative, friend, neighbour, carer or social worker who could be contacted on your behalf in the event of an emergency. |
|  |
| NAME: |  |  |
|  |
| RELATIONSHIP TO YOU: |  |  |
|  |
| TELEPHONE NO: |  |  |
|  |
| MOBILE NO: |  |  |
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| **TELL US ABOUT YOURSELF** |
| This section is being used so that we can tell our drivers what additional assistance you may require.**PLEASE TICK THE BOXES BELOW WHICH APPLY TO YOU.** |

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| --- | --- | --- | --- | --- |
| 1a | **🖵** | I use a wheelchair: |  |  |
| 1b |  | My wheelchair is: |  |  |
|  |  | **🖵** | Power chair | **🖵** | Manual chair |
|  |  | Make: |  | Model: |  |
|  |  |  |
| 1c | **🖵** | I use a scooter |
| 1d | **🖵** | I use a walking aid |
| 1e | **🖵** | I can transfer from my wheelchair to a seat |
| 2 | **🖵** | I require assistance getting from my front / back door to the vehicle |
| **Please note that our staff will not enter your home / place of residence / destination.** |
| 3a | **🖵** | I have a medical certificate exempting me from wearing a seatbelt |
| 3b | **🖵** | I enclose a photocopy of my exemption certificate |
| 4a | **🖵** | I am able to travel independently |
| 4b | **🖵** | I require an essential companion(s) to travel with me. |
|  |  | If yes, please state why and how many: (maximum 2) |
|  |  |  |  |
| **Please note that under 11s are not permitted to travel unaccompanied.** |
| 4c | **🖵** | I have dependants who may travel with me; i.e. I am personally responsible for the care of a child, older person or a person with a disability. |
|  |  | If you have ticked the above question, please state how many:  |  |
| 5 | **🖵** | I have an assistance dog |
| 6 | **🖵** | I have a learning difficulty |
| 7 | **🖵** | I have a hearing difficulty |
| 8 | **🖵** | I have a visual impairment |
| 9 | **🖵** | I have a speech impediment |
| **Please note that a risk assessment will be carried out by our organisation, as and when required, to ensure that you can travel safely in our vehicles.** |

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| **EQUALITY INFORMATION** |
| **This information is required for equality monitoring and statistical purposes only. As a result we are asking you to answer the following questions. However you do not have to answer them.** |

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| 1. | Gender |  |  |  |
|  | **🖵** | Male | **🖵** | Female | **🖵** | Transgender |
|  |  |
| 2. | Religion: |  |  |  |
|  | **🖵** | Protestant | **🖵** | Other religion |
|  | **🖵** | Catholic | **🖵** | No religious belief |
|  |  |  |  |  |
| 3. | Marital status: |  |  |  |
|  | **🖵** | Single | **🖵** | Civil Partnership |
|  | **🖵** | Married | **🖵** | Separated |
|  | **🖵** | Widowed | **🖵** | Divorced |
|  |  |  |  |  |
| 4. | Ethnicity: |  |  |  |
|  | **🖵** | White | **🖵** | Black |
|  | **🖵** | Eastern European | **🖵** | Asian |
|  | **🖵** | Other |  |  |
|  |  |
| 5. | Sexual Orientation: |
|  | **🖵** | Heterosexual | **🖵** | Homosexual |
|  | **🖵** | Bisexual | **🖵** |  |
|  |  |
| 6. | Dependants? |  |  |  |
|  | (i.e. I have personal responsibility for the care of a child / older person / person with a disability). |
|  | **🖵** | Yes | **🖵** | No |

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| **DATA PROTECTION STATEMENT** |
| The information that you have given on this form is covered by the DATA PROTECTION ACT 1998. You have the right to see the data that is held about you. The information may be shared with others involved with providing this transport service. |
| If you do not want us to share the information, please tick here: | **🖵** |

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| **WHAT DO I DO NOW?** |
| ⯈ | Please ensure that you have completed the form and that you have signed and dated it overleaf. |
| ⯈ | If you are exempt from wearing a seatbelt, please ensure you have enclosed a copy of your exemption certificate. |
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| Please detail below any further relevant information which you feel we may need to know with regards your travel needs: |
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| To assist us with market research, could you please tell us where you learned about  |
| Lagan Valley Rural Transport  |

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| Return the completed form to the address below: |
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| Unit 1-6 PRM Complex Rathdown RoadLissue Industrial EstateMoira RoadLisburnBT28 2RETel: 028 92622030 Fax: 028 92622800 |
| Telephone: | **02892 622030** |
| Text phone: |  | E-mail: admin@laganvalleyruraltransport.co.uk  |  |

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| **DECLARATION** |
| This is a Lagan Valley Rural Transport individual membership application form. Membership must be updated on an annual basis if you wish to continue to use our services.I accept that LVRT membership fee for 2015/16 is £5.00 and will forward payment once this membership application has been accepted and invoiced. |
| **I confirm that the information I have given is correct and that I am responsible for ensuring that Lagan Valley Rural Transport are kept informed of any relevant changes in my personal health or circumstances.** |
| **I understand that if I do not sign this form then Lagan Valley Rural Transport will be unable to process my application.** |
| I understand that by signing this form I agree to abide by the terms and conditions of membership set out by Lagan Valley Rural Transport and that all the information provided within this form is true and accurate. I understand that my membership can be refused or revoked if this information is incorrect, if I fail to inform Lagan Valley Rural Transport of any relevant changes to my personal health or circumstances or if I fail to comply with the terms and conditions of membership. |
|  | ***Signature*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ***Date:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please tick if you have received, read and understood the organisation’s Passenger Charter. **🖵**If you have not received or have any difficulty understanding the Charter, please do not hesitate to contact the office.  |
| Under 16s applications must be countersigned by a parent / guardian. |
| Countersignature: |  |  |
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| If you are signing on behalf of the applicant, please **print** your name and relationship to them: e.g. Friend / Relative |
| Name: |  | Relationship: |  |  |
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| **If you are a new member could you please give us some basic directions to your house which can be passed on to our driving staff:** |
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| **FOR OFFICIAL USE ONLY** |
| Issue Date: |  | Guidelines: |  | Initials: |  |
| Comp. Entry Date: |  | Completed By: |  | Membership No: |  |
| Renewal Date: |  | Completed By: |  |