



INDIVIDUAL APPLICATION FORM

- Please contact us if you require any help completing this form.
- If you are a concessionary (Bus Pass) holder you will be able to travel on this service for FREE or HALF-FARE.
- If you are not sure if you live within LVRT's operational area, please telephone us on 02892 622030 or email us at admin@lvrt.co.uk.

PERSONAL DETAILS

Please complete in BLOCK CAPITALS and answer ALL questions.
Please tick the appropriate boxes, where indicated to do so.

TITLE:	MR	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS	<input type="checkbox"/>	MS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	_____
FORENAME:											
SURNAME:											
ADDRESS:											
POST CODE:											
DATE OF BIRTH:											
TELEPHONE NO:											
MOBILE NO:											
EMAIL ADDRESS:											

ELIGIBLE MEMBERSHIP CRITERIA

Please ensure that **BOTH** of the following apply to you

This section will confirm if you are eligible to use the Rural Transport Fund Dial-a-Lift services.

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:

Members should 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

If the services are still over-subscribed then other restrictions may apply.

SMARTPASS INFORMATION

1. SMART PASS HOLDER? YES NO
2. SMARTPASS TYPE: Senior 60+ Half Fare
- War Disablement Blind

3. SMARTPASS NUMBER:

4. SMARTPASS EXPIRY DATE: / /

Note:

The SmartPass information you provide will be processed to enable the Department for Infrastructure (the Data Controller) to manage and administer the Assisted Rural Travel Scheme. Your personal data may also be shared, if necessary, with enforcement agencies for the purpose of the prevention and detection of crime. More detail on how your information is included on the Northern Ireland Concessionary Fares Privacy Notice which is available to view at:

www.infrastructure-ni.gov.uk/publications/gdpr-privacy-notices-dfi-business-areas

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: _____

TELL US ABOUT YOURSELF

This section is being used so that we can tell our drivers what additional assistance you may require to improve your travel experience.

PLEASE TICK THE BOXES BELOW WHICH APPLY TO YOU.

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 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 disability

9 I have a communication disability

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.

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.

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

DATA PROTECTION STATEMENT

The information 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

WHAT DO I DO NOW?

- ▶ Please ensure that you have completed, signed and dated the application form.
- ▶ If you are exempt from wearing a seatbelt, please ensure you have enclosed a copy of your exemption certificate.

Please detail below any further relevant information which you feel we may need to know with regards your travel needs:

How did you hear about Lagan Valley Rural Transport?

Return the completed form to the address below:

Unit 1-6 PRM Complex, Rathdown Road
Lissue Industrial Estate
Moira Road
Lisburn
BT28 2RE

Telephone: 02892 622030

Email: admin@lvrt.co.uk

NI CHARITY NUMBER NIC: 10006

DECLARATION

This is a Lagan Valley Rural Transport individual membership application form for Dial a Lift services. A renewal membership form and invoice for £10 annual membership will be sent to you on a recurring annual basis. I accept that LVRT membership fee for 2024/2025 is £10 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 (LVRT) is 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 (LVRT) 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 (LVRT) of any relevant changes to my personal health or circumstances or if I fail to comply with the terms and conditions of membership.

Signed: _____

Date: _____

Under 16's applications must be countersigned by a parent / guardian.

Countersignature: _____

If you are signing on behalf of the applicant, please print your name and relationship to them:
e.g. Friend / Relative

Name: _____ Relationship: _____

Please could you give us some basic directions to your house which can be passed on to our driving staff:

FOR LVRT USE ONLY

Comp. Entry Date:		Completed By:		Membership No:	
Passenger Charter Sent:		Mem Fee Paid:			