

**REG NO:**

**ZONE:**

**REGISTRATION FORM**

Community First

02393 871724



1. Please complete both sides of this form and return to the address overleaf.

<b>Name</b>	
<b>Address:</b>	
	<b>Post Code:</b>
<b>Tel No:</b>	<b>Date of Birth:</b>
<b>Email:</b>	

2. I am unable to use conventional bus services because...

Please tick as appropriate:

I use a manual wheelchair	<input type="checkbox"/>	I use an electric scooter	<input type="checkbox"/>
I use an electric wheelchair	<input type="checkbox"/>	I am visually impaired	<input type="checkbox"/>
I use a walking stick	<input type="checkbox"/>	I have difficulty getting on the public bus	<input type="checkbox"/>
I use sticks	<input type="checkbox"/>		
I use a trolley	<input type="checkbox"/>		<input type="checkbox"/>

3. Are there any medical conditions which you may think are relevant e.g. arthritis, epilepsy, diabetes etc.

.....

4. Do you have an over 60's or Disabled bus pass?      Yes       No

If so, what type of bus pass .....

**Bus pass No..... / Expiry date.....**

**5. If it is essential that you bring someone to assist you, please state why?**

.....  
.....  
.....

**6. Who would you like us to contact in an emergency?**

Name: .....

Relationship (if any): .....

Telephone Number: Daytime:.....Evening:.....

Mobile .....

Please note that:

- Seatbelts must be worn at all times unless you are medically exempt. If so, please enclose a copy of your certificate.
- Your details will be held electronically by Community First.  
Community First complies with the 2018 Data Protection Act (GDPR).

I certify that all the information on this form is correct.

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

Print Name: .....

I found out about this service from .....

.....

.....

If your details or circumstances change, please advise us either in writing or by phone.

Community First Fareham, 163 West Street, Fareham, Hampshire PO16 0EF  
Tel: 02393 871724

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