

Hospital Car Registration Form

Title _____ Date of Birth _____

Surname _____ First Name _____

Address _____

_____ Post Code _____

Phone _____ Alternative Phone _____

Bus Pass Number _____ Expiry Date _____

Do you consider yourself to have a disability or long term health condition? YES/NO

What is the nature of your disability/health condition?

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Do you have access to a local Bus route? YES/NO

Do you have access to a car? YES/NO

Would you have any of the following with you when travelling?

	Yes	No
Wheelchair		
Shopping Trolley		
Support Frame		
Pushchair		
Guide Dog		
Walking Stick		
Baby/Toddler		
Carer		

Please give the name and phone number of a friend or relative we can contact in the case of an emergency.

Name _____ Phone Number(s) _____

I apply to register with Hospital Car Service and agree to abide by its conditions of registration and carriage. I further confirm that Mendip Community Transport may share the above information in relation to transport issues only & that I can revoke this authority at any time in the future.

Signature _____ Date _____

Return Registration form to – Mendip Community Transport
MCT House, Unit 10A,
Quarry Way Business Park,
Waterlip,
Shepton Mallet
Somerset
BA4 4RN