

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.

Signature _____ Date _____

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