

## Mendip Slinky 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 Mendip Slinky 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