

### REGISTRATION FORM

Please fill in the form below and either send it to the Administration Manager at the address at the bottom of the page, or fax it to 01483 757115. All information will be treated as confidential.

Title (e.g. Mr / Mrs / Miss / Ms or state if other):	
Your name:	
Address:	
Post Code:	
Telephone:	
Email address:	
Emergency contact name:	
Emergency contact telephone:	
What is the nature of your disability:	
Your ethnic origin (please tick one):	White European <input type="checkbox"/> Asian <input type="checkbox"/> Afro Caribbean <input type="checkbox"/> Other <input type="checkbox"/>
Date of birth:	/                      /
Do you use a frame / stick?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you use a wheelchair, can you transfer in and out of it when inside the bus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you use a wheelchair, is it more than 28 in (71 cm) wide (measured wheel to wheel)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need to bring an escort with you when you travel?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please tick any regular destinations:

Centres for the Community	Vyne <input type="checkbox"/>	Moorcroft <input type="checkbox"/>	St Marys <input type="checkbox"/>	Brockhill <input type="checkbox"/>
Town Centre	Market <input type="checkbox"/>	Civic Offices <input type="checkbox"/>	BHS <input type="checkbox"/>	
Supermarkets	Sainsburys Brookwood <input type="checkbox"/>	Waitrose Goldsworth Park <input type="checkbox"/>		
	Tesco / Marks & Spencers Brooklands <input type="checkbox"/>	Morrisons <input type="checkbox"/>		

I am resident in Woking Borough and have mobility difficulties which prevent me from using the standard bus services. I confirm that the information I have provided is true and correct.

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