



May 2024
Application Form for Community Transport Scheme 2024/2025

Full Name: _____

Address: _____

Post Code: _____

Telephone: _____

Date of Birth: _____

Please state briefly **in confidence** why it is difficult for you to travel. i.e. medical conditions, mobility problems, no longer drive etc.

Do you have the use of a car? **Yes** **No**

Are you registered blind or disabled? **Yes** **No**

Please tick if you use any of the following:-

Wheelchair/Walking Aid

Mobility Scooter

Do you use Voluntary Transport

You must notify us if there are any changes in your circumstances

Do we have your permission to contact your doctor (this would only be done in the event of an appeal)? **Yes** **No**

If yes – please give doctors name and address:

The **General Data Protection Regulation (GDPR)** provides you with rights regarding the personal data we hold about you. Please confirm that we can retain your personal data for a period of 2 years (for audit purposes)

Yes **No**

I confirm the information that I have provided is accurate to the best of my knowledge, if proved otherwise I will forfeit my right to receive transport vouchers in the future. I agree to comply with the conditions of the use of this scheme.

Signed: _____ **Date:** _____

Please return this form to The Clerk on the email address above or call to arrange collection.