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Date received	Date input/active	Initials	Client ID

Sheffield Community Transport Registration Form

**If you need help completing this form please contact us on
0114 276 6148**

Our services are funded through the South Yorkshire Passenger Transport Executive. You can use them if you find it difficult or impossible to use other public transport. Please complete this registration form in full so we can ensure our services meet your needs. We may need to contact you if we need more details in order to confirm your eligibility.

First Names	Mr/Mrs/Ms	Client Code S
Surname		
Date of Birth		Gender M / F

Reasons for registration

Please tick all that apply

I use the following mobility aids		I have the following disabilities	
<input type="checkbox"/>	Walking Stick	<input type="checkbox"/>	Blind/partially sighted
<input type="checkbox"/>	Folding Wheelchair	<input type="checkbox"/>	Breathing Difficulties
<input type="checkbox"/>	Crutches	<input type="checkbox"/>	Communication difficulties
<input type="checkbox"/>	Assist/Guide Dog	<input type="checkbox"/>	Difficulty walking
<input type="checkbox"/>	Shopping Trolley	<input type="checkbox"/>	Deaf/hearing difficulties
<input type="checkbox"/>	Zimmer Frame	<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Mobility impaired
		<input type="checkbox"/>	Speech Difficulties

If you use a wheelchair, please tick which type you will be using when travelling on our services

Electric

Manual

Extended

If you do use a wheelchair, can you transfer to a bus seat? YES / NO

Do you use a scooter? YES / NO

If YES, please state the make and model:

Can you travel in a car? YES / NO

Will you need help getting from your door to the vehicles? YES / NO

Are there any other reasons why you find it difficult or impossible to use public transport?

Your Address

Post Code

Emergency Contact 1

Name	Relationship to you
Address	
Post Code	

Emergency Contact 2

Name	Relationship to you
Address	
Post Code	



Contact Details

	Your contact details	Emergency Contact 1	Emergency Contact 2
Home Telephone			
Mobile			
Email			
Other			

Regular destinations

Please give details of two locations which you will visit most often. This will help speed up the booking process. Examples may include a friend's house or bingo hall.

Name
Address
Post Code

Name
Address
Post Code

Is there anything else we need to know to ensure you are transported safely and comfortably?
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Service Type	Fare Type	Initials



Declaration

I confirm that the above details, in support of my registration, are correct and that I find it difficult or impossible to use public transport.

I understand that Sheffield Community Transport reserves the rights to seek independent medical advice to confirm my eligibility.

I will inform Sheffield Community Transport of any change in my circumstances which may affect my eligibility to use the services.

I consent to the information about me, held by Sheffield Community Transport, being made available to the South Yorkshire Passenger Transport Executive as funder of these services and its authorised agents.

Signed

Date

Please return completed forms to:

Sheffield Community Transport
10 Montgomery Terrace Road
Sheffield
S6 3BU

We will send you your registration number as soon as possible.