

Confidential – When Completed
SDCP Dial-A-Ride Membership Application Form

Name: _____ Address: _____

Date of Birth: _____

Post Code: _____

Telephone Number:

Home: _____ Mobile: _____ Email: _____

Emergency Contact Details:

Name: _____ Address: _____

Post Code: _____

Telephone Number:

Home: _____ Mobile: _____ Email: _____

Disabilities/Medical Issues: *Please Circle.

Arthritis Asthma Carrying & Lifting Diabetes 1 or 2 Escort Required Hearing

Heart Condition Shopping Trolley Other Walking Aid: _____ Sight

Walking/Balancing Difficulties Require Carer/ Helper Require Assistance Dog Wheelchair User

Please give details of anything else you think we should know about you (e.g. your disability, any other health issues or special requirements etc...)

GDPR – The information contained in this completed form is strictly confidential. It is required for the sole purpose of ensuring we are aware of any medical issues you may have, only to be shared with medical professionals in the event of a health incident. SDCP do not share information with anyone else and the information you provide will be held on our electronic database in accordance with our GDPR policy.

I have read and understood the Terms & Conditions associated with the SDCP DAR scheme.

Signature: _____ Date: _____ Payment Received: _____

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