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**Registration form for Sedgemoor Slinky Bus**

**Full Name**:

**Address:**

**Postcode:**

**Telephone**

**Number/s:**

**Date of Birth:**

**English National Concessionary Travel Scheme or County Ticket Bus Pass Number:**

**Expiry Date for Concessionary Travel Scheme or County Ticket Bus Pass:**

**Please Note - only those clients who do not have access to a public bus service or use of a vehicle or are unable to access a public bus due to a disability will be eligible for the Slinky service.**

1. Do you have access to a local bus route?

Yes  No

1. Do you have access to a car?

Yes  No

1. Do you consider yourself to have a disability or long term health condition that would prevent you accessing a public bus service if one is available?

Yes  No

1. What is the nature of your disability / health condition? Please provide information in the comment box below.

Would you have any of the following with you when travelling?

Manual Wheelchair  Electric Wheelchair  Pushchair

Carer  Guide Dog  Support Frame

Scooter  Shopping Trolley

Please give the name and telephone number of a friend or relative that can be contacted in case of an emergency.

Name:

Telephone Number/s:

I apply to register with Sedgemoor Slinky and agree to abide by its conditions of registration and carriage.

**Signature:**

**Date:**

**Please be advised that by signing this document you declare that the information you have provided is accurate and you are the indvidual it relates to. Providing false information is fraudulent and could lead to being barred from using the service. If any of your circumstances above change please contact the provider to update your details as failure to do this could result in you being barred from the service if you are no longer eligible.**

Would you like to register for the other community transport that is provide by Mendip Community Transport.

Hospital Car Service

Please send completed forms to the address below:

**Mendip Community Transport  
MCT House, Unit 10a  
Quarry Way Business Park  
Waterlip  
Shepton Mallet**

**BA4 4RN**

Any questions please contact the provider on:

**Telephone Number:** 01749 880482

**E-mail:** [mentrans@btconnect.com](mailto:mentrans@btconnect.com)

**Website:** www.mendipcommunitytransport.co.uk