

REGISTRATION FOR THE TRIAL RUSHDEN & HIGHAM WELLIBUS SERVICE

To register for the first time, please complete all sections of the form below.

MEMBERSHIP NUMBER: _____ (Office use only)

Bus Pass Number: _____ **Expiry Date:** _____

Mr./Mrs./Miss/Ms.: _____ **First Name:** _____ **Last Name:** _____

Address: _____

Postcode: _____ **Telephone Number:** _____

Email: _____

Date of Birth: _____

Emergency Contact: (Please give details of someone to contact in an emergency)

Name: _____ **Telephone:** _____

Relationship to you: _____

Your doctor: (Please give name, surgery address and telephone number of your GP)

Name: _____ **Address:** _____

Telephone No. _____

Membership Fees: £15.00 for six-month trial. Please return the completed form along with a cheque (if this is your preferred payment method) or we will contact you to process payment via card over the phone.

PREFERRED PAYMENT IS BY CARD OVER THE PHONE (01933 223636)
OFFICE OPENING HOURS 09:00 – 14:30

HOWEVER, WE ARE HAPPY TO ACCEPT A CHEQUE OR CASH
CHEQUES TO BE MADE PAYABLE TO: SHIRE COMMUNITY SERVICES LTD.

Shire Community Services Ltd Charity No.1113854 Company No. 5743952



PLEASE ENSURE YOU FILL IN ALL SECTIONS OF THE FORM

Do you need to travel with a mobility aid? Yes/No If yes please tell us what that is:

Do you have an assistance dog? Yes/No

Do you need to bring someone with you? Yes/No

In order that we can assist you better, please let us know of anything else that you think we should know about: (any disability, medication, oxygen etc.)

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SIGNATURE.....

DATE.....

We would like to know how you heard about us?

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Please tell us about your preferred destinations for shopping, excursion trips and any groups (Over 60's / other social or wellbeing groups) which you would like transport to:

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Data Protection Declaration

I have read and accept the statement attached regarding data protection and agree to my data being held securely by Shire Community Services.

SIGNATURE.....

DATE.....

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EQUALITY AND DIVERSITY MONITORING FORM

Shire Community Services is committed to ensuring its services are available to all sections of the community, it does not discriminate on any grounds, to test this we need to build an accurate picture of our supporters.

We need your help and co-operation to enable us to do this but filling in the form is voluntary.

Gender: Man Woman Other Prefer not to say

Age: 16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveler Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Black/African/Caribbean/Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish Muslim Sikh
Prefer not to say

If other religion or belief, please let us know in the space provided: