

**Rushmoor Voluntary Services**

**The Civic Centre**

**Farnborough Road**

**Farnborough**

**Hampshire**

**GU14 7JU**

**🕾 01252 398451**

**Who can register to use Fleet Link?**

The service is available to anyone who has a mobility or sensory impairment which means that they are unable to or experience difficulty or discomfort in using bus services; or who lives more than 400 metres from an available bus service/stop or who does not have access to a car and there is no bus service running when they need to travel.

1. Please complete both sides of this form and return to the address at the top of this page.

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:**  |  |
|  | **Post Code:**  |
| **Tel No:**  | **Date of Birth:**  |
| **Email:**  |  |

1. **I am unable to use conventional bus services because…**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick as appropriate:  |  |  |  |
| I use a manual wheelchair  |   | I use an electric scooter  |   |
| I use an electric wheelchair  |   | I am visually impaired  |   |
| I use a walking stick  |   | I have difficulty getting  |   |
| I use sticks  |   | on the public bus  |   |
| I use a trolley  |   |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I can transfer to a seat on the bus  |   |  |  |

1. **Are there any medical conditions which you may think are relevant e.g.**

**arthritis, epilepsy, diabetes etc**

………………………..…………………………………………….…………… ………………………………….……………………………………………….. ………………………………….………………………………………………..

1. **If it is essential that you bring someone to assist you, please state why?**

……………………………………….…………………………………………..

1. **I have the following type of Concessionary Bus Pass:**

Older Persons (Blue Stripe) 🗆

Disabled Persons (Orange Stripe) 🗆

Disabled Person plus Companion (Orange Stripe with a C+) 🗆

Bus Pass Number: ………………………………………………………………

Expiry Date: ………………………………………………………………

**7. Who would you like us to contact in an emergency?**

Name: ……………………………………………………………………………….

Relationship (if any): ………………………………………………………………

Daytime Telephone Number: ……………………………………………………..

Evening Telephone Number: ……………………………………………………..

Mobile Telephone Number: ……………………………………………………….

Please note that:

* Seatbelts must be worn at all times unless you are medically exempt. If so, please enclose a copy of your certificate.

 ***DATA-PROTECTION - I consent to personal information contained in this form being securely retained for administration purposes and stored electronically. This information will only be used by Rushmoor Voluntary Services in connection with the provision of the Rushmoor Dial a Ride and other RVS services that may be appropriate to the named client.***

***Rushmoor Voluntary Services will retain this information for as long as the service is provided and/or until all related administration and matters related to UK law and accounting practices related to the named client are concluded.***

|  |  |
| --- | --- |
| ***Please tick the box if you agree:*** |  |

I certify that all the information on this form is correct.

Signed: ………………………………………… Date: …………..……….

Print Name: …………………………………………………………………………….

I found out about this service from: …………………………………………….…….

……………………………………………………………………………………………

If your details or circumstances change, please advise us either in writing or by phone.

